

County Borough of Smethwick

Annual Report

OF THE

Medical Officer of Health

FOR

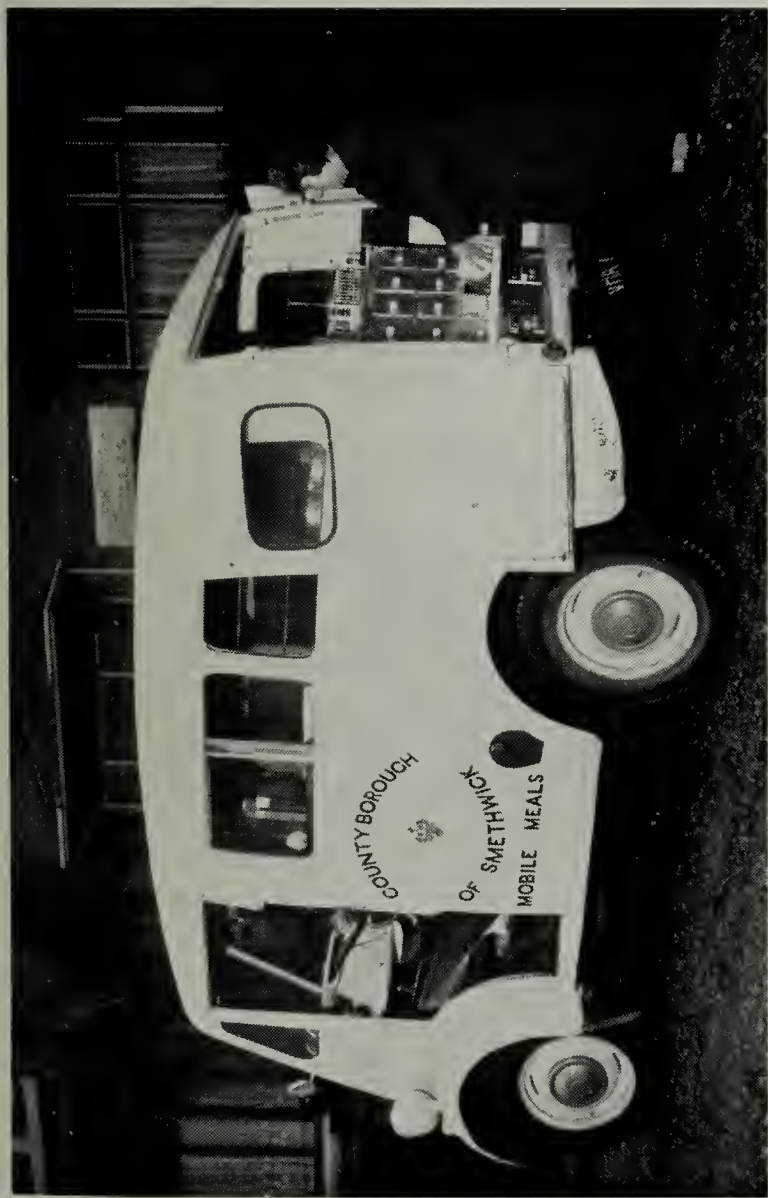
1962

RICHARD J. DODDS, M.B., B.S., D.P.H.
*Medical Officer of Health, Chief Welfare Officer,
Principal School Medical Officer.*

W. L. KAY, F.A.P.H.I., M.R.S.H.
Chief Public Health Inspector.

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“ MEALS ON WHEELS SERVICE ”

County Borough of Smethwick

COMMITTEES, 1962-1963

Health Committee:

Chairman: Alderman R. L. Pritchard

Vice-Chairman: Councillor Mrs. F. L. Wheatley

The Mayor: Councillor
C. Kirkham, J.P.

Councillor W. G. Mason

Councillor Mrs. L. V. Adams

Councillor D. A. Finney

Councillor R. Badham

Councillor Mrs. M. Kimberley

Councillor H. V. Jackson

Co-opted Members for the purpose of Maternity and Child Welfare:

Mrs. W. Cooper

Miss S. C. Wright, M.B.E.

Mrs. B. A. Jones

Mrs. S. Deeley

Mental Health Sub-Committee:

All Members of the Health Committee:

with Mr. J. M. Adair

Dr. J. M. Davies

Dr. I. A. MacDonald

Chairman: Alderman R. L. Pritchard

Welfare Sub-Committee:

All Members of the Health Committee:

Chairman: Alderman R. L. Pritchard

“ The Hollies ” and Day Nursery Sub-Committee:

All Members of the Health Committee:

Chairman: Alderman R. L. Pritchard

Health and Education Joint Sub-Committee:

Representing Health Committee:

Alderman R. L. Pritchard

Councillor Mrs. F. L. Wheatley

Councillor W. G. Mason

Representing Education Committee:

Alderman Mrs. E. M. Farley, O.B.E., J.P.

Councillor R. Badham

Councillor E. H. Goreham

Tuberculosis After-Care Committee:

All Members of the Health Committee:

Mr. G. A. Green

Mr. T. L. Griffiths

Mr. C. Short

Dr. R. J. Dodds

Dr. A. Wilson Russell

Miss M. Wainwright

Hon. Secretary: Mr. F. D. Hipkiss

HEALTH DEPARTMENT STAFF

Medical Officer of Health, Chief Welfare Officer and
Principal School Medical Officer:

Richard J. Dodds, M.B., B.S., D.P.H.

Deputy Medical Officer of Health and Deputy Principal
School Medical Officer:

Vincent A. Lloyd, M.B., Ch.B., L.R.C.P., M.R.C.S., D.P.H.

Assistant Medical Officers:

F. Constance Myatt, M.B., Ch.B., D.P.H., D.I.H.

Christina J. McLeay, M.B., Ch.B.

Chest Physician (part-time):

A. Wilson Russell, M.D., Ch.B., D.P.H.

Principal Dental Officer:

T. Lucas, L.D.S., R.C.S. (Eng.)

Assistant Dental Officers:

Mrs. M. E. Hiscock, B.D.S. (née Jones)

Mrs. E. Sampson, L.D.S., R.C.S. (née Peters)

Work of the dental staff is divided
between Health and Education Committees.

(*abcdef*) William L. Kay, F.A.P.H.I., M.R.S.H

(*abc*) R. G. Evans, M.A.P.H.I.

(abcd)	W. F. Ball, M.A.P.H.I.	(abc)	G. O. Wright, M.A.P.H.I.
(ab)	D. G. Hobday,	(ab)	A. A. Johnson, M.A.P.H.I.
	M.A.P.H.I.	(ab)	A. W. Reeves, M.A.P.H.I.
(ab)	T. P. Jones		

J. N. Oakley

- a* Public Health Inspector's Certificate of the R.S.H. and S.I.E. Joint Board.
- b* Meat and Food Inspector's Certificate of the R.S.H.
- c* Smoke Inspector's Certificate of the R.S.H.
- d* Certificate in Sanitary Science of the R.S.H.
- e* Liverpool University Meat Inspector's Diploma.
- f* Liverpool School of Hygiene Smoke Inspector's Certificate.

Deputy Chief Administrative Assistant: G. A. Fox, D.P.A.

W. H. Bellshaw	}	Mental Welfare Officers
F. T. Brookes, S.R.N., R.M.N.		
F. A. Collett		—Welfare Officer.
Miss M. G. Parkes		—Assistant Welfare Officer.
C. Bitson (from 2.4.62)		—Welfare Assistant.

Mrs. C. L. Beddows	Mrs. E. M. Roe
Mrs. D. Cooper (née Dennis)	Miss O. J. Salmon
Miss O. M. Duberley	J. Seward
Miss K. M. Dunnaker	Miss G. C. Shore (to 30.3.62)
Mrs. F. D. Dyke	Miss D. C. Tipping
Mrs. L. Gregory	Miss R. A. Vaughan
Miss I. Jordan (from 15.1.62 to 16.12.62)	Mrs. C. M. Walker
Miss S. D. Lowe (to 30.4.62)	Miss M. L. Whitehouse
Mrs. D. Marshall (from 2.4.62)	Miss V. H. Willetts
Miss A. Pinson (from 20.8.62)	S. de Wit
Miss E. D. Priest	
Miss G. Rainbird (to 8.1.62)	

Nursing Staff:

*Superintendent Nursing Officer: Miss M. Wainwright.

***Health Visitors:**

Miss M. Adams	Mrs. H. M. Hoy
Miss K. E. Barlow	Miss D. Hunt
Miss K. E. C. Biggs	Mrs. M. Stark (née Bagnall)
Mrs. I. Cowell	Miss M. E. Tench
Mrs. D. H. Daniels (part-time)	Miss E. M. M. Williams
Mrs. D. Grainger	Miss F. Zierler (from 20.7.62)
* All qualified S.R.N., S.C.M., H.V. Cert.	

Clinic Nurses:

Miss R. A. Cassidy, S.R.N., R.F.N. (from 20.8.62)	Mrs. G. M. Littler (part-time) S.R.N. (to 31.8.62)
Mrs. A. G. Child, S.R.N., S.C.M. (from 17.9.62)	Mrs. I. Page, S.R.N., S.C.M. (from 1.1.62 to 14.3.62)
Mrs. E. M. Gibbs, R.S.C.N.	Mrs. H. M. Warner, S.E.N.
	Miss L. Webb, S.E.N. (from 3.9.62)

The work of Health Visitors and Nurses is divided between the Health and Education Committees.

Municipal Midwives:

Mrs. A. Grosvenor, S.R.N., S.C.M.	Miss B. Morris, S.R.N., S.C.M. (to 31.3.62)
Mrs. D. G. Hepburn, S.C.M.	Mrs. I. Page, S.R.N., S.C.M. (from 15.3.62 to 31.10.62)
Mrs. L. Jacques, S.R.N., S.C.M., Q.I.D.N.	Miss P. M. Snaith, S.R.N., S.C.M.
Miss M. A. King, M.B.E., S.R.N., S.C.M.	Miss M. A. Stockton, S.R.N., S.C.M.
Mrs. E. M. Mahood, S.R.N., S.C.M. (from 1.5.62)	Miss M. Wheeler, S.R.N., S.C.M. (to 31.3.62)

Home Nurses:

Supervisor: Miss J. High, S.R.N., S.C.M., H.V. Cert.

Mrs. J. Bridle, S.R.N., S.C.M.	Miss F. M. Hawkins, S.R.N.
R. Catterson, S.R.N. (from 18.1.62)	Mrs. A. S. McGeoghan, S.R.N.
Mrs. B. Davies, S.E.N.	Mrs. E. Rogers, S.R.N. (to 7.7.62)
Mrs. A. H. Evans, S.E.N.	Mrs. M. Slater, S.R.N.
Mrs. G. Greenhalgh, S.R.N. (from 30.7.62)	Mrs. E. B. Weaver, S.E.N.

Domestic Help Organiser:

Mrs. G. J. Thompson

Chiropodists:

M. Ablott, M.Ch.S. (from 3.9.62) Miss A. M. Dobson, M.Ch.S.

Matron, "The Hollies" ...	Miss E. M. Holland, S.R.N., C.C.R., Q.I.D.N.S.
Matron, "Hill Crest" ...	Miss G. M. Bishop
Matron, "Garden Lodge" ...	Mrs. E. H. Corney
Matron, 31 Park Hill, Moseley	Mrs. M. M. Melliush
Supervisor, Albert Bradford Centre	Mrs. M. G. Spicer, M.R.S.H., M.R.I.P.H.H.
Occupational Therapist ...	Mrs. J. M. Kestle, M.A.O.T. (to 31.5.62)
Occupations Officer	Miss H. Proctor, M.A.O.T. (from 3.9.62)
Handicraft Instructor	George H. Perkins
Ambulance Officer	T. H. Draper
Station Officer	J. J. Atack (from 1.7.62)
Control Clerk	C. H. Newns (from 16.7.62)

Control Clerk at Ambulance Station: J. Pegler (died 17.4.62)
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Public Analyst: F. G. D. Chalmers, M.A., B.Sc., F.R.I.C.

Additional Public Analyst: G. N. Grange, B.Sc., F.R.I.C.

PUBLIC HEALTH DEPARTMENT,
COUNCIL HOUSE,
SMETHWICK, 40,
STAFFS.

Telephone No.
SMETHWICK 1461.

**To the Mayor, Aldermen and Councillors for the
County Borough of Smethwick.**

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting my eighth Annual Report which has been prepared in accordance with the requirements of the Public Health Officers' Regulations, 1959, and the Ministry of Health Circular 1/63.

THE YEAR

The year 1962 came in like a lion with an immediate threat to the public health resulting from the multiple importation of smallpox from Pakistan and in the Health Department our lives were dominated by the threat of the disease to the community during the months of January and February. Another event of importance in January was the publication of "The Hospital Plan for England and Wales". This blue book was the first of a series of three reports in which the whole range of the health services—hospital, local authority and general medical services—will be surveyed and forecasts made as to their future. The Hospital Plan is of particular importance to us because it is based on the assumption that local health authorities will play an increasing part in the care of patients who are ill or need assistance but who do not require in-patient treatment in hospital. In circulars accompanying the Hospital Plan local authorities were asked to prepare their own ten year plans and to submit them to the Ministry of Health before the end of October.

In England and Wales deaths from lung cancer showed a further increase while the deaths from cancer of other organs remained the same or actually decreased. In Smethwick there were 40 deaths from lung cancer compared with 44 last year. This represented an unusual remission in the steady increase in deaths from this cause, but nevertheless, most or nearly all these 40 deaths must be classed as avoidable. The year will also be notorious for the public realisation of the relationship between certain drugs taken in early pregnancy and the occurrence of congenital deformities in the infant. In Smethwick we were fortunate in only having one child so affected.

HEALTH STATISTICS

For the first occasion for some years the Registrar General's estimated mid-year population for Smethwick showed a small rise from 68,550 to 68,680. There was an increase of 100 in the number of live births to 1,307 giving a birth rate of 19.03 per 1,000 population which is the highest since 1947. The number of births has risen

substantially for three successive years from 976 in 1959 to 1,307 this year. There were three fewer still births while four fewer infants died before reaching their first birthday giving an infant mortality rate of 23.72 per thousand live births, a welcome improvement after the rather high figure of 29.00 last year. The perinatal mortality rate was 34.48% which was a return to the satisfactory figure of two years ago after an increase last year. Deaths in the general population totalled 864 compared with 881 in 1961. While on the subject of deaths, I have to report that nine people died from pulmonary tuberculosis compared with five last year, nine the previous year and eleven the year before that. Deaths from diseases of the heart and circulation totalled 297 compared with 275 in 1961 and bronchitis killed some 77 compared with 62 last year, it also caused an incalculable amount of ill health in the general population.

The Chest and Heart Association drew attention to the frightful toll of ill health and death exacted by chronic bronchitis which the Association rightly describes as one of Britain's major health problems. Chronic bronchitis is commoner in this country than anywhere else, it is in fact, widely known as the English disease. Two million of our population suffer from it and each year over 30,000 die after suffering years of ill health especially in Wintertime. It is thus an even greater cause of death than lung cancer. There are three major causes of chronic bronchitis, cigarette smoking, smoke and fumes in the atmosphere and infection of the bronchial tubes which have been subject to prolonged irritation from the first two factors. Satisfactory progress is being made with the declaration of smoke control areas; as a nation we are beginning to realise that it is not necessarily good for our health to move from overheated sitting rooms to icy and draughty bedrooms at the dead of night. As far as the third and most importance factor, cigarette smoking, the solution is in the hands of the smokers—at 4/- for 20.

HOME HEALTH STATISTICS

Circular 1/63 from the Ministry of Health which deals with the Annual Report of the Medical Officer of Health asks for information to be given on certain matters relating to the water supply—its quality, quantity, purity and the number of dwelling houses supplied. Information relating to sewerage and sewage disposal and on the inspection of registered common lodging houses also is requested. I am asking the Chief Public Health Inspector in his section of the report to deal with these matters.

The Circular enquiries about certain specific aspects of the home health service and it would probably be convenient if fairly brief answers were given on the five specific items mentioned:—

(a) **Arrangements for Health Visitors to work with General Practitioners**

Some informal discussions have taken place with the Local Medical Committee and individual general practitioners about possible arrangements for the local authority midwifery staff to work more closely with general medical practitioners. At the time of writing the possibility of allocating health visitors to work with particular

general practitioners or groups of practitioners has not been discussed. There might well be a case for arranging for individual health visitors to be seconded part-time to a number of the larger medical practices though clearly such an arrangement would be somewhat wasteful of highly trained and scarce women power in that virtually all general practitioners have patients throughout the town whereas health visitors, to work economically, are centred on very much more restricted districts. General practitioners of course outnumber health visitors, however no doubt solutions to these problems may be found.

(b) The follow-up of Patients discharged from Hospital

The Superintendent Nursing Officer has close links with a number of neighbouring general, maternity and geriatric hospitals which serve the area and she is frequently in touch with the almoners and ward sisters so that health visitors can follow up patients discharged from hospital. In the field of Mental Health the health visitors undertake all the follow up visits of female patients who are discharged from Highcroft Hospital which serves the Borough. As there are no general hospitals in Smethwick these links tend to be a little more remote than in other more fortunately placed areas. There is scope for establishing a closer working arrangement between the Health Department and the various hospitals, which would be to our mutual benefit. This could be brought about by the part-time secondment of health visitors to individual hospitals or clinics, or alternatively by giving the Medical Officer of Health some form of honorary status in the hospital services which in effect would extend to members of his staff. Through such an arrangement it would be possible to follow up more readily patients admitted to hospital and provide for their after care, which no doubt would result in a saving of beds because of earlier discharges from hospital.

(c) Health Education

I am asked to deal in particular with the action taken during the year to make the public aware of the hazards to health by smoking. Throughout the area the dangers of smoking and in particular the relationship of cigarette smoking and lung cancer has frequently been the subject of special displays in the local authority clinics and premises. It is felt that certain of the posters which have been produced by the Ministry have made a definite impact on the members of the public. The "sheep" poster has attracted most attention and the one showing pound notes being smoked also proved effective. We have taken the view that the most helpful line for progress in this most difficult health educational field is to attempt to prevent school children from starting to smoke. To this end meetings were arranged with the staffs of many of the schools in the Borough when the Deputy Medical Officer of Health and the Group Adviser to the Health Visiting staff visited the schools, talked to the staffs, and gave demonstrations of appropriate visual aid material on the subject. In this way it was hoped to gain the support of the teaching staff as a first and most important step. Arrangements were made for the Mobile Unit which has been provided jointly by the Ministry of Health and the Central Council of Health Education to visit the

Borough for three days in February 1963. Their programme is to centre largely on the schools but also is to include a meeting at an industrial canteen during the lunch hour and a talk to the Smethwick Rotary Club. It seems to me that virtually the only hope of eventually reducing the ghastly toll of human life caused by lung cancer is to attack the problem through the children who, after all, learn by example. Above all if the climate of public opinion can be brought towards a recognition that smoking is undesirable for young people—not the done thing—then there is more than a glimmer of hope. Some of the available leaflets and booklets of the questions and answers type aroused a good deal of interest among thirteen year old school children attending the clinic for the B.C.G. vaccinations.

(d) **Mental Health**

There are few fresh developments in the mental health field to report. The number of pupils and trainees attending the combined Junior and Adult Training Centre rose during the year from 61 in January to 73 in December. The Centre continues to attract many visitors including some from overseas. The search continued for suitable premises for adaptation as a Mental Health Hostel but there are very few properties in Smethwick big enough for this purpose. There is indeed some considerable doubt as to the type of mentally disordered patients most likely to benefit from a stay in such a hostel. We had been thinking in terms of a short stay hostel for mentally ill patients without adequate homes in order to help bridge the gap between hospital and lodgings. It seems very doubtful now whether there will be sufficient patients who come from Smethwick to justify having even a small hostel for this purpose and it may be that a long stay hostel for sub-normal or severely sub-normal patients would satisfy a greater need.

There is seldom much to say on the subject of prevention of mental disorder but it might be placed on record that by the end of 1962 a total of 3,765 six week old infants had been tested for phenylketonuria since the scheme started at the beginning of 1960 with uniformly negative results.

(e) **Chiropody Service**

Smethwick has had a municipal chiropody service since 1948, but as will be seen from figures later in this report the number of patients attended during the year has again fallen, mainly because we were unable to fill the vacancy caused by the resignation of one of our two full-time chiropodists. Up to now would-be chiropodists could take anything from a two year full-time course down to a correspondence course in chiropody, and at the end of any such fortunately the position of chiropodists' qualifications is in the process of local authority is not permitted and indeed would not wish to employ anybody who is not adequately trained and properly qualified. Fortunately the position of chiropodists' qualifications is in the process of being regularised with the establishment of a national register but there is a great need for amplification of proper training facilities so that the present shortage of staff can be overcome. If such facilities

could be augmented locally it would be of the greatest value to local health authorities in the West Midlands.

OTHER HOME CARE SERVICES

During the year the various home care services for which this Local Health and Welfare authority is responsible, were developed steadily and were augmented in one particular respect by the initiation of the Meals on Wheels Service in November. Discussions had taken place with the W.V.S. Organiser, Mrs. M. Pickering and with her Regional Officers and as soon as the Local Authority received power under the National Assistance Act 1948, (Amendment) Act of 1962, arrangements were made with full co-operation from the W.V.S. for a meals service to provide home bound elderly people with a hot meal on four days a week. The W.V.S. were able to provide a rota of helpers to serve the meals and to travel in the van to take them into the houses of the recipients. By the generosity of Messrs. Mitchells and Butlers Limited, good meals were provided at a moderate cost to the Council on three days a week and on the fourth day in the week the firm supplied the meals free of charge. The Council were thus able to supply the meal to the old people for one shilling per day. The driver is employed by the Council who also supply the transport. Initially an out-dated sitting case ambulance was used for the service which started under very difficult weather conditions of prolonged snow and ice. The volunteers and the driver responded magnificently to this challenge. Needless to say the demand for the meals was very heavy and all applications had to be strictly vetted. It is hoped before long to double the service by the introduction of a second van to take meals round on four days a week.

As might be expected from the substantial rise in the number of births the midwifery service had a busy year during which, fortunately, it was fully staffed. The continued successful operation of the night rota for midwives was, I am sure, a material factor in the maintenance of the staffing position. The midwives attended 480 deliveries which was the highest number for some years. The maternity hospitals had a particularly difficult time with the increased birth rate and the number of late bookings due to the steady immigration into the area. Our thanks are due to Dr. Christie Gordon and his staff at the Regional Hospital Board for so readily finding hospital beds for all these latecomers even at very short notice. During 1962 64% of the births to Smethwick women took place in hospital. The hospitals concerned were St. Chad's where 80% of the hospital confinements took place, Dudley Road 11%, Hallam 4%, Birmingham Maternity Hospital, 1.8%, Queen Elizabeth 1.2% and the remaining 2% were divided between other maternity hospitals in the neighbourhood.

A word might be said here about infant welfare centres which, of course, are important adjuncts to the home care service. This was the first full operational year during which all our infant welfare centres were held in purpose built premises. Attendances at the centres increased from 17,357 in 1961 to 20,433 this year. In fact, 84% of the infants born during the year attended at least once. This must, I feel, be near a record and might well provide food for thought for those who question the value of infant welfare centres. Our newest

centre in the ground floor of a multi-storey block of flats has proved to be exceptionally popular and one feels that this is an ideal situation for a centre. In the middle of 1961 there was a substantial price increase for the Ministry of Health orange juice and cod liver oil supplies. The price had remained the same for many years and the new price was said to represent a return to the original real cost taking into account the reduction in value of money. Be that as it may, the new prices resulted in a marked fall in the demand for these products. Only 10,680 bottles of orange juice were sold during the year compared with 19,975 last year and 30,039 in 1960 and 1,486 bottles of cod liver oil compared with 2,762 and 3,366 respectively. In spite of the greater availability and variety of food stuffs these days, the curtailment in vitamin consumption that the drastic reduction in sale of orange juice and cold liver oil represents, must be viewed with concern especially as a few cases of classical vitamin deficiency diseases are beginning to appear up and down the country amongst immigrants.

The Home Nursing Service continued its good work during the year though the demand has not been expanding as one might have expected, the number of patients being looked after being roughly the same during the last two or three years. We appointed our first male district nurse whose duties cover the whole borough rather than being confined to a district. This has proved already to be a most useful appointment. It was possible to introduce a five day working week for the nursing staff on the 6th October and an arrangement was made by which three nurses were available each weekend on a rota and by which emergency calls for the service over the weekend and at night were made to the Ambulance Station. The attention of general practitioners was drawn to the considerable range of sick room equipment which is available on free loan from the Edward Cheshire Nurses Home, 2 Bearwood Road.

During the year the heavy pressure on the Domestic Help Service continued and the staff was increased. It might be mentioned that the Authority has decided on a further substantial increase in the Home Help Service during the first five years of the ten year plan. I am pleased to record that our first training course for home help staff was held in the Autumn, and it is hoped to make these courses, extended slightly, a regular feature for ensuing years.

During 1962 concern was expressed in various quarters at the plight of the elderly who are living in their own homes often in lonely and difficult circumstances. The Chairman of the Local Executive Council, Dr. R. A. Lambourne, when presenting his Annual Report for the year ending March, 1962, put forward an idea of a system of streets wardens or organised good neighbours to keep an eye on the aged people in their neighbourhood who were not able to look after themselves. A series of discussions took place at which a number of general practitioners were active and Dr. T. Clyde McKenzie with the assistance of the Clerk to the Executive Council convened a well attended meeting of representatives of religious and voluntary organisations in the town which provided a good opportunity of exchanging views on the problem. It is hoped to establish some form of pilot scheme to try out such a friendly visitor service. The difficulty

of course will be to find a sufficient number of people of good will who are not heavily committed in other directions and who would be able to keep up regular visits. It is better not to start such visits than to drop them after two or three attempts.

INFECTIOUS DISEASE AND ITS PREVENTION

I am pleased to report that no cases of smallpox, diphtheria, poliomyelitis, typhoid, paratyphoid or puerperal pyrexia occurred during the year. There has been some improvement in the reported incidence of venereal diseases when compared with the high level of last year. There is no doubt however, that there are many more cases of the diseases in the community than is reported and I would urge any members of the public who think they might be suffering from venereal disease to visit the special clinic at the General Hospital, Birmingham, where confidential advice and treatment are readily available every day between 10 a.m. and 12 noon and Mondays to Fridays between 5 p.m. and 7 p.m. As mentioned in the body of the report the Sabin oral poliomyelitis vaccine was introduced in the early part of the year and it should represent a further step forward in the prevention of this disease. The response from the public has not been substantial possibly because it is fortunately some little time since we had more than the odd case of poliomyelitis. At the time of writing this report the vaccination statistics for England and Wales for 1962 have just been released and an extract from them is printed later. It is gratifying to note that the poliomyelitis vaccination figures in Smethwick are substantially above the average for England and Wales and are, in fact the fourth highest in these countries.

LOOKING AFTER THE OLD AND THE HANDICAPPED

Reference has already been made to the inauguration of the Meals on Wheels Service. This however, was not the only event which took place in this field during the year. In my Report for 1961 I outlined the Local Authority's plans for the construction of a new 50 place home which was to be built on the same site as a number of flats which were, in the original plan, all intended for elderly people. During the course of discussions with the Ministries concerned we were advised that a proportion of these flats should be constructed for somewhat younger people presumably to limit the number of old people on one site. The possibility had been considered that the Matron of the Home should exercise a general surveillance over the residents in these flats but a view was taken in London that with a 50 place home on her hands the Matron would have plenty to do. It is easy to be wise after the event but perhaps it would have been as well to plan for the accommodation of a Warden whose whole task would be to look after the old people living in the flatlets. She would have no responsibility for the old people's home but might have been accommodated therein. However, it might be possible to arrange for something of this kind when the Home is completed about the end of 1963 or beginning of 1964. It is increasingly being felt that it is far better for many old people, when they can no longer manage in their own homes, to be transferred to small flatlets which are grouped and are under the care of a Warden, rather than being admitted direct to Part III accommodation.

On a later page will be found a report on the Smethwick Club for the Handicapped even though it is not a Corporation activity. As the Club does so much good work among the different classes of handicapped and indeed receives so much help and support from members of the welfare staff, it is more than appropriate for me to mention it here. During the year the Smethwick Club for the Handicapped received a most handsome gift of a specially adapted minibus from the Social Club of the British Cycle Corporation. This has proved to be most useful in carrying severely handicapped people, who otherwise would have had to remain at home, to the Cape Clinic where the Club meetings are held. I would not like to leave the subject without paying tribute to the work of members of my Welfare and office staff certain of whom have devoted a great deal of their spare time quite voluntarily to promote the activities of the Club and without whose help it would soon be in serious difficulties. It is always invidious to mention names but the Club's thanks and also my own are due to Miss Parkes, Miss Duberley and to Mr. Collett particularly in this respect.

Last but not least in this section I have pleasure in reporting on the first organised holiday for handicapped people which took place at a Holiday Camp in the Lowestoft area in June 1962. Arrangements were made to take a party of 21 severely handicapped people who would not otherwise have had a holiday together with certain escorts for a week with many similarly afflicted people coming from the neighbouring West Midlands county boroughs. The weather was good and no major difficulties were encountered and as a result of much good and hard work put in by the staff who accompanied the party the handicapped people had, I am sure, a very good holiday. It is hoped to arrange a repetition next year on a somewhat larger scale.

CIGARETTE SMOKING AND LUNG CANCER

Some reference to the subject has already been made but it must be placed on record that the Minister of Health launched a campaign to bring to the notice of the public the relationship between heavy cigarette smoking and lung cancer. Speaking on the 8th October he said—

“The behaviour of the public is often paradoxical; but never has it been more paradoxical than in the face of the facts of lung cancer and smoking. Earlier this year there were a few cases of smallpox, and people queued for vaccination and hammered on surgery doors in a state of near panic, when confronted by the chance of one in many millions that they might contract the disease. Yet the same people in massive numbers continue day in and day out to incur deliberately and with supreme indifference, chances as high as one in nine or worse that they will die of lung cancer. Again the same public which scans the figures of deaths from traffic accidents with close anxiety and urges rightly that nothing be left untried which could reduce the annual total of about 7,000 road deaths, looks with apparent unconcern at the figure of deaths from lung cancer already four times as much at over 25,000 and rising year by year, when we know that all but a tiny fraction of those deaths would not have occurred but for smoking. I say ‘we know’ and I mean ‘we know’ Her Majesty’s

Government accepts the facts set out in the Report of the Royal College of Physicians on Smoking and Health as demonstrating, crushingly and irrefutably that smoking—above all cigarette smoking—is the cause of the vast majority of lung cancer. In other words but for smoking relatively few people in this country would be dying from this most horrible of diseases in one of its most horrible forms.”

It is not perhaps the custom to make lengthy quotations from Ministerial speeches in the Annual Report of a Medical Officer of Health but the subject is of such great importance and the phraseology so pungent that I therefore commend this authoritative utterance to the public of Smethwick in the hope that it will deter at least eight young people from smoking heavily. If this should happen I will have had a hand in saving the life of one of these eight Smethwick residents and this Report will not have been in vain.

FLUORIDATION OF WATER

In the summer a report was issued jointly by the Ministries of Health, Housing and Local Government, and the Scottish Office entitled “The Conduct of Fluoridation Studies in the United Kingdom and the Results Achieved after Five Years”. The Report gave the results of five years fluoridation in three areas in Great Britain. Children’s teeth living in these places were examined regularly and compared with those living in three comparable control areas and it was found that there had been a striking improvement in the teeth of children aged 3—7 years in the fluoridation areas and that this improvement was most marked in those children who had been born after the onset of the fluoridation. A reduction in dental decay in this group ranged from 66% in three year olds to 50% in five year olds, which is in general agreement with similar investigations in other countries.

In December, the Minister of Health announced that he was ready to receive proposals under Section 28 of the National Health Service Act for the fluoridation of water supplies so that the fluoride content of the water could be brought up to the ideal level of one part per million. This recommendation had the backing of authoritative and responsible medical and dental opinion and was supported by the Local Authority Associations. There is of course a small but noisy minority who shout the virtues of “pure” water from the house tops. It is unlikely that many of them have ever drunk as much as a cupful of our nearest approach to pure water i.e. triple distilled, if they had they would have found it so tasteless as to be quite unpalatable. It must be remembered that inadequate traces of fluoride occur naturally in most water supplies and indeed the fluoride content in some natural waters in Great Britain used for drinking purposes is as high as six parts per million.

SMALLPOX

Looking through my bulky personal file on Smallpox 1962, it was easy to re-live the anxious weeks when contacts few of whom could speak English were being traced, suspect cases being seen and everything from embossed wallpaper to a certain crisp breakfast cereal

reminded one of the rash of the disease! In the West Midlands we had two of the five separate importations of the disease from Pakistan. The first man arrived in this country on the 19th December 1961 and travelled to West Bromwich, the disease being first suspected on the 28th December. Feeling ill, the patient kept to the house for much of that time though he did visit a showing of Asiatic films at a Darlaston Cinema. It was fortunate that the films were being shown by a club and that a list of all members was available. There were many names on the list belonging to Smethwick residents all of whom were followed up by the Public Health Inspectors.

In the exceptional circumstances arising from five separate importations of smallpox it was inevitable and indeed proper that the disease should get a good Press coverage. Television pictures of queues waiting to be vaccinated in London coupled with news of vaccination campaigns in other towns made people think that everyone else had been or was being vaccinated. Great demands for vaccination arose even though every step was taken to discourage general vaccination of the public. Smallpox is controlled by a series of well defined and well tried public health measures—port health control, the isolation of the cases, coupled with vaccination and surveillance of contacts. It is only exceptionally in cases where smallpox is shown to be spreading in the community that mass vaccination can be justified. Clinics were opened to vaccinate people who ran special risks, including medical, nursing, ambulance, public services and laundry staffs but the public soon got wind of this and queues formed as if by magic. I well remember one particular evening when Dr. Lloyd and I vaccinated 673 people and would have gone on all night had the doors not been shut eventually and a police guard mounted outside! early comparable numbers were vaccinated at other clinics, general practitioners were inundated with requests which seriously embarrassed them in their other work, and we were driven to the absurd expedient of vaccinating the priority classes mentioned above in conditions of some secrecy in the Health Department offices rather than in the clinics.

Naturally these demands led to temporary local shortages of vaccine supplies and in fact the Local Health Authorities in the West Midlands were asked to take over the distribution of vaccine to general practitioners as a temporary measure as the staff of the Public Health Laboratory were overwhelmed.

Two meetings of medical officers of health with Ministry and Hospital medical officers were convened in Birmingham at which vaccination policy was co-ordinated and a public statement issued which emphasised that there was no need for mass vaccination and at which priorities were laid down for vaccination. As a result of this procedure a good deal of the pressure was taken from hard pressed doctors and the situation gradually returned to normal. To sum up Smethwick was fortunate in 1962 in only having to deal with rather remote contacts of the West Bromwich and Birmingham cases but a great deal of work was involved for everyone on the staff whether they were doctors, nurses, public health inspectors or clerical staff and they all deserve the thanks of the public for their part in the necessary procedures.

During the year general practitioners submitted records of having vaccinated or re-vaccinated 3,371 patients, while 3,117 others were vaccinated or re-vaccinated by the Local Authority Medical Staff in the clinics. Owing to the terms of the Authority's approved proposals under Section 26 of the National Health Service Act it did not prove possible to pay general practitioners for the receipt of records other than those relating to infants.

TUBERCULOSIS

I am grateful to Dr. Wilson Russell for his comprehensive and detailed account of the work of the Chest Clinic which appears on a later page. The report is of great interest, and is of particular value in another respect in that the Chest Physician's area of responsibility coincides exactly with the present boundaries of Smethwick. It is to be hoped that when the proposed new County Borough of Warley comes into being that the Principal Chest Physician's area of responsibility will be coterminous with that of the new County Borough.

In my last report I said that the number of new cases of respiratory tuberculosis reported in 1961 was such that the incidence would probably be unequalled in England and Wales. Unhappily this forecast proved correct as figures published later show that the incidence of new cases of 96 per 100,000 population was the highest in England and Wales and was substantially above those of neighbouring areas whose incidence ranged from 62 to 72 per 100,000. In 1962 the number of new cases of respiratory tuberculosis was smaller and the incidence therefore was 74 per 100,000 which is a marked improvement when compared with last year's figure but is likely to be among the higher rates in the country. There were no less than 12 non respiratory cases (6 last year and 3 in 1960) all of these except two were Indians, seven of whom had tuberculous glands of the neck. It is probable that in most if not in all instances they were infected before coming to this country.

AMBULANCE SERVICE

The section on the Ambulance Service which is to be found later in the report has been slightly enlarged and information about the methods used for calling an ambulance is included; even after 15 years of the National Health Service, there are still many people who are uncertain of this. During the year it will be seen that there was an increase in the number of journeys made and mileage run by the Ambulance Service though there was a slight reduction in the number of patients carried. I should like to pay a warm tribute to the continued success of the service provided by volunteers of the British Red Cross Society and the St. John Ambulance Brigade who do such wonderful work at the Station.

HOUSING AND OTHER ENVIRONMENTAL MATTERS

I am indebted to Dr. Lloyd for his interesting note on some aspects of medical recommendations for re-housing. As indicated in the note the investigation, reporting and recommendation of housing matters take up a considerable amount of medical, nursing, inspectorial

and clerical time. Nevertheless, it is time well spent if thereby the responsible department is assisted to deal first with those in greatest need. It should be noted that the investigations and statistical matter in Dr. Lloyd's article do not include the investigations needed for the re-housing of families who are statutorily overcrowded. These are dealt with separately by another procedure.

While undoubtedly satisfactory housing is one of the most important factors in contributing to environmental health and has a material effect on the well being of the family, there remain a number of families who prove difficult to fit in and satisfy. As someone said "Many people do not know what they want and won't be happy until they get it."

The Chief Public Health Inspector in his report makes some important observations on houses in multiple occupation. His comments on the early stages of the operation of the enabling legislation repay close study. During 1962 the Council reviewed its slum clearance programme and agreed on a revised five year plan which had the effect of speeding slum clearance and which will involve the re-housing of some 2,700 families in five years.


STAFFING MATTERS AND ACKNOWLEDGMENTS

I regret to have to report the untimely death in April 1962 of Mr. J. Pegler, Control Clerk at the Ambulance Station. Mr. Pegler was disabled as a result of war injuries and was appointed as Telephonist in the Ambulance Station in April 1955. He was promoted to Control Clerk at the Station in November 1961.

Once again it is a pleasure to express my thanks to the Chairman and Members of the Health Committee as well as to other Chief Officers and Heads of Departments for their co-operation and great interest shown in all health matters during the year. I should like to thank most warmly all members of my own staff for their excellent work throughout the year. My thanks are also due to Mr. Hipkiss and Mr. Fox and other staff members for their help in preparing the body of the text of this Annual Report. Mr. Fox also drew one of the diagrams. I am indebted to Mr. Inskip, the Borough Librarian, for allowing me to use the block of the frontispiece which appeared originally in Smethwick Civic News.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

A handwritten signature in dark ink, reading "Richard J. Dodd". The signature is written in a cursive style with a large, looped initial 'R'.

Medical Officer of Health.

ANNUAL REPORT

1962

GENERAL STATISTICS

Area: 2,500 acres.

Population: Census, 1961: 68,372.

Estimated pre-war: 78,290.

Estimated civilian population 1962 (mid-year): 68,680.

* { Ratable value: £2,633,051 (April, 1963).
Estimated Product of a Penny Rate: £10,500 (April, 1963).
Rates in the £: 9/6d. (April, 1963).

Estimated Number of Houses and Shops in the Borough: 22,799.

* Re valuation of property effective from 1st April, 1963.

EXTRACTS FROM VITAL STATISTICS

				1962	1961
Live Births:	Males	...	...	684	616
	Females	...	...	623	591
	Total	...	...	1,307	1,207
Illegitimate Births included in above total				106	97
Percentage of illegitimate live births in total of live births				8.11%	8.04%
Birth-rate per 1,000 population				19.03	17.60
Comparability Factor (Births)				1.00	0.95
Birth-rate as adjusted by Factor				19.03	16.72
Still Births:	Males	...	...	11	11
	Females	...	...	16	19
				27	30
Illegitimate still births included in above total				4	2
Still birth-rate per 1,000 population				0.39	0.44
Rate per 1,000 total births				20.24	24.25
Total live and still births				1,334	1,237
Deaths:	Males	...	...	460	471
	Females	...	...	404	410
				864	881

Death rate per 1000 population	12.58	12.85
Comparability Factor (Deaths)	1.05	1.15
Death-rate adjusted by Factor	13.21	14.78
	1962	1961
Infant Deaths: Male—legitimate	13	22
illegitimate	1	1
Female—legitimate	13	10
illegitimate	4	2
	<hr/> 31	<hr/> 35
Infantile Mortality Rates:		
Legitimate infants per 1,000 legitimate live births	21.65	28.83
Illegitimate infants per 1,000 illegitimate live births	47.17	30.93
All infants per 1,000 live births	23.72	29.00
Deaths of infants under 1 years	31	35
Deaths of infants under 4 weeks	23	24
Deaths of infants under 7 days	19	19
Neo-natal mortality rate	17.60	19.88
Early neo-natal mortality rate	14.54	15.74
Perinatal Mortality (i.e. still births plus deaths during 1st week of life) per 1,000 total births	34.48	40.60
Maternal Mortality		
Maternal deaths	1	2
Maternal death-rate per 1,000 total births...	0.75	1.66

PRINCIPAL CAUSES OF DEATH

	Number of Deaths		Rate per 1,000 Population	
	1962	1961	1962	1961
Pulmonary Tuberculosis	9	5	0.13	0.07
Other Tuberculosis	2	—	0.03	—
Cancer—lung, bronchus	40	44	0.58	0.64
other main sites	122	132	1.78	1.93
Diabetes	6	5	0.09	0.07
Vascular lesions of nervous system ...	120	110	1.75	1.60
Diseases of heart and circulation ...	297	275	4.32	3.98
Influenza	10	21	0.15	0.31
Pneumonia	50	74	0.73	1.08
Bronchitis	77	62	1.12	0.91
Ulcer of stomach	10	12	0.15	0.18
Gastritis, Enteritis and diarrhea ...	4	6	0.06	0.09
Pregnancy, childbirth, abortion ...	1	2	0.02	0.03
Congenital malformations	8	4	0.12	0.06
Motor vehicle accidents	9	11	0.13	0.16
All other accidents	20	14	0.29	0.20
Suicide	9	7	0.13	0.10

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE COUNTY BOROUGH OF SMETHWICK, 1962

CAUSES OF DEATH	Sex	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
1. Tuberculosis, (respiratory)	M	7	—	—	—	—	1	3	3	—
	F	2	—	—	—	—	—	2	—	—
2. Tuberculosis, (other)	M	1	—	—	—	—	1	—	—	—
	F	1	—	—	—	—	—	1	—	—
3. Syphilitic disease	M	—	—	—	—	—	—	—	1	1
	F	2	—	—	—	—	—	—	—	—
4. Diphtheria	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
5. Whooping Cough	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
8. Measles	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
9. Other infective, and parasitic diseases	M	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	1	—	—	—
10. Malignant Neoplasm (stomach)	M	9	—	—	—	—	—	5	3	1
	F	11	—	—	—	—	3	3	2	3
11. Malignant Neoplasm (lung bronchus)	M	34	—	—	—	—	3	18	9	4
	F	6	—	—	—	—	—	4	1	1
12. Malignant Neoplasm (breast)	M	—	—	—	—	—	—	—	—	—
	F	12	—	—	—	—	2	7	2	1
13. Malignant Neoplasm (uterus)	F	5	—	—	—	—	—	3	1	1
14. Other Malignant and lymphatic neoplasms	M	49	—	—	—	—	5	17	15	12
	F	34	—	1	—	—	—	16	8	9
15. Leukaemia and Aleukaemia	M	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	1	1	—
16. Diabetes	M	2	—	—	—	—	—	1	—	1
	F	4	—	—	—	—	—	—	3	1
17. Vascular lesions of nervous system	M	62	—	—	—	—	1	12	21	28
	F	58	—	—	—	—	—	10	14	34
18. Coronary disease—angina	M	84	—	—	—	—	5	34	23	22
	F	53	—	—	—	—	—	4	16	33
19. Hypertension with heart disease	M	10	—	—	—	—	—	5	3	2
	F	7	—	—	—	—	—	—	3	4
20. Other heart disease	M	54	—	—	—	—	1	10	15	28
	F	70	—	—	—	1	1	10	12	46
21. Other circulatory disease	M	10	—	—	—	—	—	2	3	5
	F	9	—	—	—	—	—	2	1	6
22. Influenza	M	3	1	—	—	—	—	1	1	—
	F	7	2	—	—	—	—	2	1	2
23. Pneumonia	M	29	2	—	—	1	—	3	8	15
	F	21	5	—	—	—	—	1	3	12
24. Bronchitis	M	41	—	—	—	—	3	16	10	12
	F	36	—	—	—	—	—	4	10	22
25. Other diseases of respiratory system	M	5	—	—	—	—	1	1	2	1
	F	2	—	—	—	—	—	2	—	—
26. Ulcer of stomach and duodenum	M	10	—	—	—	—	—	3	2	5
	F	—	—	—	—	—	—	—	—	—
27. Gastritis, enteritis and diarrhoea	M	1	—	—	—	—	—	1	—	—
	F	3	—	—	—	—	—	—	2	1
28. Nephritis and nephrosis	M	2	—	—	—	—	—	2	—	—
	F	1	—	—	—	—	—	1	—	—
29. Hyperplasia of prostate	M	4	—	—	—	—	—	—	1	3
30. Pregnancy, childbirth, abortion	F	1	—	—	—	—	1	—	—	—
31. Congenital malformations	M	4	3	—	—	—	—	—	1	—
	F	4	3	—	—	—	—	—	1	—
32. Other defined and ill-defined diseases	M	25	8	—	—	—	1	5	6	5
	F	28	5	1	—	—	—	2	6	14
33. Motor vehicle accidents	M	6	—	—	1	—	—	2	2	1
	F	3	—	—	—	—	—	1	—	2
34. All other accidents	M	4	—	—	—	1	—	—	2	1
	F	16	2	1	—	—	—	1	2	10
35. Suicide	M	4	—	—	—	—	1	2	—	1
	F	5	—	—	—	—	1	2	—	2
36. Homicide and operations of war	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—

NATIONAL HEALTH SERVICE ACT

MOTHERS AND YOUNG CHILDREN

NOTIFICATION OF BIRTHS

The number of live births and still births notified during the past three years under Section 203 of the Public Health Act, 1936, as adjusted by transferred notifications, are given below:—

				1960	1961	1962
Live births	...	...	...	1,139	1,277	1,349
Still births	...	...	...	18	32	25
				<hr/> 1,157 <hr/>	<hr/> 1,309 <hr/>	<hr/> 1,374 <hr/>

CARE OF EXPECTANT AND NURSING MOTHERS

A full range of services was provided for expectant and nursing mothers during the year.

Total attendances for the ante-natal clinics at the Firs decreased slightly despite the greater number of women involved.

				No. of women who attended	Total Attendances
1962	...	...	...	1,375	3,349
1961	...	...	...	1,107	3,372

The reduced attendances are probably caused by change of hospital policy; in previous years expectant mothers booked for hospital confinement attended the Firs ante-natal clinic about the 32nd week of pregnancy but this practice has been discontinued.

Two sessions were held weekly for women being confined in St. Chad's Hospital and these were attended by hospital midwifery staff and a health visitor. Two ante-natal clinic sessions each week were conducted by departmental midwives for women being confined at home. Mothers confined in hospital or delivered at home are examined post-natally by a general practitioner six weeks after the baby's birth. Health visitors continued to call on patients who failed to keep ante and post-natal appointments with their private doctors, in an attempt to ensure that future appointments would be kept.

Relaxation classes are held weekly for expectant mothers in the borough. Those being confined at St. Chad's Hospital attend afternoon classes at the Firs Clinic while evening classes are held for mothers having their babies at home. Weekly mothercraft classes at the Firs Clinic were taken by Mrs. D. Grainger, Group Adviser. These classes continued to be most popular with expectant and nursing mothers.

As in previous years the Health Committee made a grant to the Birmingham Diocesan Council for Family and Social Welfare. In addition the Committee accepted financial responsibility for the maintenance of 12 unmarried expectant mothers in hostels and maternity homes outside Smethwick.

DENTAL TREATMENT

Mr. T. Lucas, Principal Dental Officer, has provided the following report upon Dental services for mothers and young children:—

“It is my pleasure to present my third annual report on the Dental Service given to expectant and nursing mothers and to children under five.

There was a 45% increase in the number of mothers examined in 1962 but I would hasten to correct any impression that there has been a mad rush to get to our clinics. The numbers involved are still comparatively small and reflect the general lack of interest in routine dental treatment shown in previous years. We treated about the same number of children under five as last year but here there was some glimmer of hope. The number of teeth in need of extraction fell by 55% while the number of teeth we were able to save went up by 46%. This is a step in the right direction but there is still an appalling amount of dental decay among children of these tender years. I have commented before on their apparent continuous consumption of decay producing substances but it is the way decayed teeth are accepted as part of our way of life that is also alarming. Tell a mother her child has head lice and she will nearly always register distress, disgust and embarrassment, but the more serious information that their toddlers teeth are decayed is nearly always received with calm detachment.

Dental Health Education is the answer, of course, but how can you expect people to suddenly start taking care of their teeth when they are so casual in their other habits. The raising of the standard of living in a society is a slow process and it is very gratifying that the Minister of Health, after sitting on the fence for so long, has at last recommended fluoridation. The children under five will benefit first and most from this measure and it would halve the number of decayed teeth and greatly diminish the pain and suffering.

Once again I must thank Miss Wainwright and her staff for their co-operation and also our two full-time dental officers, Mrs. M. E. Hiscock and Mrs. E. Sampson for carrying out the majority of the treatment for the toddlers.”

(a) Numbers provided with Dental Care

	Examined	Needing Treatment	Treated	Made Dentally fit
Expectant and Nursing Mothers	127	126	102	50
Children under five	281	226	205	129

(b) Forms of Dental Treatment provided

	Extractions	General Anaesthetics	Fillings	Scalings and Gum Treatment	Silver Nitrate Treatment	Dentures Provided		Gold Inlays	Radiographs
						Complete	Partial		
Expectant and Nursing Mothers	265	27	132	58	6	34	18	—	10
Children under five	226	118	202	3	120	—	—	—	—

DOMICILIARY MIDWIFERY

For the second year in succession I am happy to report that a full complement of midwives has been maintained, the continued successful operation of a night rota for midwives played no small part in the maintenance of a full staff. It might be mentioned that between the hours of 6 p.m. and 6 a.m. expectant mothers are told to have the Ambulance Station telephoned when the services of a midwife are required. At other times the midwife is telephoned direct.

The undermentioned table shows details of 480 deliveries attended, the largest number since 1949 when 531 deliveries were recorded.

	1958	1959	1960	1961	1962
Number of bookings ...	472	490	529	650	604
Ante-natal visits ...	1,229	1,234	1,318	2,444	1,939
Deliveries attended ...	384	393	433	432	480
Nursing visits ...	10,410	10,423	10,575	9,343	10,462

All the midwives are authorised to give pethidine and gas and air analgesia; the former was used in 273 and the latter in 321 deliveries.

Health Visiting staff continued to help St. Chad's Hospital with the allocation of maternity beds when social conditions made a home confinement difficult. A proportion of these cases are immigrants and unmarried women who fail to make any preparations and only approach their doctors when birth is imminent. In such cases the hospitals are usually fully booked and an appeal has to be made to the Birmingham Regional Hospital Board for assistance. Despite many difficulties and by exercise of great patience, the Board's officers have always been able to accommodate urgent cases, often at very short notice.

CARE OF PREMATURE INFANTS

Municipal midwives look after the majority of premature infants born at home during the first ten days of life, afterwards the welfare and progress of the infant become the responsibility of the Health Visitor, for whom the medical and specialist services are available when required. Local Hospitals co-operate with the midwifery service, and no difficulty is experienced securing immediate admission to hospital, when necessary, of any premature infant born at home. Two sets of equipment to convey premature infants to hospital are kept for immediate use at the Ambulance station.

During the year, 110 babies weighing $5\frac{1}{2}$ lbs. or less were born to mothers normally resident in the borough. Of these 31 were born and nursed at home, 6 transferred to hospital and 73 born in hospital. Thirteen premature still births were notified, 10 born in hospital and 3 at home. The following table gives details of all premature births during the year.

Weight at Birth	Premature Live Births									Premature Still births		
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to Hospital on or before 28th day					
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Born in Hospital	Born at Home	Born in Nursing Home
3 lb. 4 oz. or less (1,500 gms. or less)	7	3	1	1	—	—	1	1	—	6	1	—
Over 3 lb.4 oz.up to and includ- ing 4 lb. 6 oz. (1,500 - 2,000 gms.)	12	1	10	—	—	—	1	—	1	3	—	—
Over 4 lb. 6 oz. up to and includ- ing 4 lb. 15 oz. (2,000 - 2,250 gms.)	20	—	19	2	—	1	2	—	2	—	—	—
Over 4 lb. 15 oz. up to and includ- ing 5 lb. 8 oz. (2,250 - 2,500 gms.) ...	34	1	32	28	—	28	2	—	2	1	2	—
Totals	73	5	62	31	—	29	6	1	5	10	3	—

HEALTH VISITING

In Smethwick Health Visitors work for the Local Health Authority and as School Nurses for the Local Education Authority. This arrangement provides continuity of service from ante-natal care of the mother, throughout a child's early years, school days, and again when maturity is reached and a new generation is on the way. In recent years health visitors work among the aged and the mentally ill has increased; they are to be congratulated on their willing acceptance of these wider duties and the conscientious manner in which they have carried them out.

Out of a potential establishment of twenty, only eleven full-time and one part-time health visitors were employed, working under the direct supervision of the Superintendent Nursing Officer. As in previous years health visitors who use cars whilst on duty are paid a "casual users" allowance which permits greater mobility and thus helps to alleviate difficulties associated with a staff which is below strength.

Details of visits made by health visitors during the past five years are shown below:—

			1958	1959	1960	1961	1962
To Expectant Mothers:							
First Visits	...	...	259	327	292	481	447
Total Visits	...	...	432	501	486	719	688
To Children under one year of age:							
First Visits	...	...	986	944	1,064	1,183	1,272
Total Visits	...	...	5,305	6,198	6,418	6,664	7,698
To Children aged one to five years:							
Total Visits	...	...	8,985	9,835	8,405	8,630	9,024
To Other Classes:							
Total Visits	...	...	4,469	5,800	3,911	3,070	1,862

INFANT WELFARE CENTRES

Eight infant welfare clinics are held weekly all in purpose built premises where mothers may obtain advice from the medical and nursing staff about their infants and pre-school children. There was an increase in attendances, 1,139 children under one year of age attended for the first time, which represents 87 per cent. of the total notified live births in the town. Details of attendances during the past five years are shown below:—

				Under 1 year	Over 1 year but under 5 years	Total
1957	...	...	...	11,358	4,326	15,684
1958	...	...	...	13,174	4,283	17,457
1959	...	...	...	12,895	4,473	17,368
1960	...	...	...	13,107	4,360	17,467
1961	...	...	...	13,085	4,272	17,357
1962	...	...	...	16,031	4,402	20,433

When a child becomes three years old a special invitation to attend the Infant Welfare Centre is sent to parents to bring the child for medical inspection. These examinations are important because a

large number of defects, most of them of minor character but many remediable, are revealed. The special toddlers' sessions held monthly at the Firs Clinic continued to be well attended.

EXAMINATION OF TODDLERS

	No. of Children Examined	No. with Defects	No. of Defects Referred	
			For Treatment	For Observation
Under two years ...	331	117	34	126
Over two years ...	217	128	38	169
Over three years ...	332	211	71	290
Over four years ...	23	15	6	16

Nature of Defects found:—

Uncleanliness ...	...	...	...	...	1
Teeth ...	...	...	...	...	60
Skin ...	...	...	...	...	79
Eyes—(a) Vision	...	...	...	...	3
(b) Squint	...	...	...	...	23
(c) Other	...	...	...	...	8
Ears—(a) Hearing	...	...	...	...	2
(b) Otitis Media—R	...	...	...	...	5
L	...	...	...	...	4
(c) Other	...	...	...	...	2
Nose or Throat	...	...	...	...	78
Speech ...	...	...	...	...	19
Enlarged Lymphatic Glands ...	...	...	...	...	94
Heart and Circulation ...	...	...	...	...	14
Lungs ...	...	...	...	...	25
Development —(a) Hernia	...	...	...	...	33
(b) Other ...	...	...	...	...	53
Orthopaedic —(a) Posture	...	...	...	...	7
(b) Flat Foot	...	...	...	...	74
(c) Other ...	...	...	...	...	39
Nervous System—(a) Epilepsy	2
(b) Other	4
Psychological —(a) Development	43
(b) Stability	55
Others	11

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SUPPLY OF DRIED MILK AND OTHER FOODS

(a) Proprietary Foods

Proprietary brands of dried milk and other foods continued to be sold at Infant Welfare Centres. Almost all these commodities are sold by voluntary workers, to whom we are most grateful for their excellent work during the year.

(b) Ministry of Health Welfare Foods

The distribution of Ministry of Health Welfare Foods continued daily from the Firs Clinic and each Infant Welfare session. Shown below are details of the food sold during 1962 and 1961.

National Dried Milk:	1962	1961
Full Cream (tins)	19,106	21,878
Half Cream (tins)	584	642
Orange Juice (bottles)	10,680	19,975
Cod Liver Oil (bottles)	1,486	2,726
Vitamin A and D Tablets (packets) ...	840	2,342

Sales of all commodities were lower than the previous year.

Prices of orange juice and cod liver oil were substantially increased in June 1961 and 1962 was the first complete year of the revised charges.

CHILDREN'S WELFARE COMMITTEE

The co-ordinating Committee met every two months throughout the year, and officers from the Ministry of Pensions and National Insurance, the National Assistance Board, the Probation Office, the Public Health, Education, Children's and (on occasions) Estates Departments together with representatives from the N.S.P.C.C. and the W.V.S. attended the meetings. Care of children from problem families in the area is discussed confidentially to determine the best course of action for each case. Wherever possible action is taken to secure the most effective rehabilitation of the family. Committee action sometimes effects an improvement but with some cases it takes all resources to prevent further deterioration in the existing unsatisfactory standards. I am pleased to report that with the full co-operation of the departments and organisations represented, it was possible to raise the standard of care of children in many families during 1962.

HOME NURSING SERVICE

During 1962 Home Nurses made 30,613 visits to all patients, and 882 patients were treated of whom 576 were 65 years of age or over at the time of the first visit.

The special laundry service which was introduced in December, 1958, for the care of incontinent patients again proved most useful. At present the soiled linen is collected by the Baths Depart-

ment and clean laundry delivered by the Health Department; the washing is done by the Baths Department at their laundry in Rolfe Street. Thanks to the very willing co-operation given by the Baths Superintendent and his staff the service works very well and during the year 43 new patients used the facilities, for which there is no charge.

The following table shows details of the Home Nursing done during the past five years:—

	1958	1959	1960	1961	1962
New patients	766	790	770	687	688
Recovered or transferred to hospital	588	630	607	560	571
Died	148	133	134	140	117
Remaining at end of year	213	211	224	196	217
Visits made during year ...	33,527	34,814	33,460	30,135	30,728

Requests for the Home Nursing Service are usually made by general practitioners or hospitals, and the following table gives some idea of the type of cases attended:—

	1958	1959	1960	1961	1962
Medical	821	820	707	709	688
Surgical	131	136	138	145	164
Tuberculosis	24	12	8	8	9
Maternal Complications ...	4	10	11	7	15
Infectious Diseases ...	—	7	—	3	6
Others	—	7	9	9	—
	<hr/> 980 <hr/>	<hr/> 992 <hr/>	<hr/> 873 <hr/>	<hr/> 881 <hr/>	<hr/> 882 <hr/>

PROTECTION AGAINST INFECTIOUS DISEASE

VACCINATION AGAINST SMALLPOX

Outbreaks of smallpox in different parts of the country (including the West Midlands) occurred at the beginning of 1962 and tremendous demands for vaccination were made on behalf of infants and adults. A total of 6,488 vaccinations were given, 3,371 by general practitioners and 3,117 in open clinic sessions.

Owing to the terms of the Councils approved proposals under Section 26 of the National Health Service Act it was not possible to pay for records of vaccinations received from general practitioners, other than those relating to infants under the age of one year. Shown below is a breakdown of the numbers vaccinated into different age groups:—

Smallpox Vaccination 1962

	Vaccinated		Re-vaccinated	
	General		General	
	Practitioners	Clinics	Practitioners	Clinics
Under 1 year	...	370	571	—
1 year and over	...	52	57	—
2-4 years	...	112	126	14
5-14 years	...	621	262	159
15 years and over	...	1,236	541	807
		<hr/> 2,391	<hr/> 1,557	<hr/> 980
				<hr/> 1,560

Many immigrants fly to this country from areas where smallpox is endemic and the only know safeguard for the individual against the disease is vaccination and re-vaccination. To protect the community as a whole the most vigorous public health measures are taken with great success to contain the disease when it has been imported. A high level of infant vaccination, reinforced by re-vaccinations in early school days and again in the late teens form a most effective second line of defence for the population. During the year 941 infants were vaccinated against smallpox; this number represents over 70% of live births registered in 1962.

VACCINATION AGAINST DIPHTHERIA, WHOOPING COUGH AND TETANUS

Protection against these three diseases is now almost always given by inoculating the infant with a primary course of triple vaccine; 974 such courses were given in 1962. Reinforcing doses particularly against diphtheria are injected at later ages, 439 children receiving this additional protection. Twenty-four children had primary injections against diphtheria alone.

VACCINATION AGAINST POLIOMYELITIS

Vaccination still continued at a high level and during April oral vaccine of the Sabin type became available which dispensed with the necessity for inoculation and all the extensive preparation of needles and equipment. Furthermore it is simpler to induce a child to swallow a "dosed" sugar cube than submit passively to the needle!

The following tables show details of courses given during 1962.

Vaccinations against Poliomyelitis

	Courses of Injections		Courses of Oral doses	
Born 1962	...	6	...	54
Born 1961	...	217	...	286
Born 1943-1960	...	290	...	223
Born 1933-1942	...	159	...	75
Others	...	211	...	132
3rd injections and doses	...	3,258	...	1,098
4th injections and doses	...	347	...	756

Vaccination Statistics for England and Wales 1961

Percentages Vaccinated

	Smallpox	Polio- myelitis	Whooping Cough	Diphtheria	
	Children under 2 (% live births in 1961) *	Persons under 20 (Salk or Sabin % of est. pop. under 20)	Children born in 1961 (% of live births in 1961)	Children born in 1961 (% of live births in 1961)	Children 0-14
England and Wales	70	83	66	67	54
Smethwick	82	94 (4th highest in England & Wales— 3 L.H.A.'s having 95)	66	66	75 (9th highest in England & Wales)

* The figures in the smallpox column need explanation; a recent recommendation that children should be vaccinated during the first two years of life rather than in the first year has caused a tendency to defer vaccination to the second year. Therefore, vaccinations under two years have been expressed as a percentage of the live births for one year. The unusually high figure resulting from this change will tend to return next year to normal levels or below.

VACCINATION AGAINST TUBERCULOSIS

The high acceptance rate for this preventive inoculation amongst school children in the 13+ age group has continued again this year, being 2.6% higher than the 1961 figure. One case of pulmonary tuberculosis was found following X-ray examination of all those children who showed a positive reaction to the preliminary skin test. This child was immediately admitted to hospital for treatment. The bulk of the children referred to the chest clinic had clear lung fields on X-ray examination and the remainder, though considered non-tuberculous were given further appointment for follow up examination and subsequent observation.

	1960	1961	1962
No. of children eligible for vaccination	1,113	1,171	1,037
No. of children whose parents consented	855	893	816
Percentage acceptance	77%	76%	78.6%
No. of known Mantoux positive before skin testing	8	10	7
No. of children Mantoux tested ...	845	883	802
No. of children Mantoux positive ...	64	66	88
Percentage Mantoux positive	7.5%	7.47%	10.97%
No. of children vaccinated with B.C.G.	777	816	712
No. of children referred to Chest Physician	64	66	88

There was an increase of over 3% in the number of children who showed a positive reaction to the skin test, which indicates that there is still a considerable and possibly increasing source of infection in the community and that the continuation of the campaign for B.C.G. vaccination in Smethwick is strongly indicated.

AMBULANCE SERVICE

A number of changes took place during the year under review, in as much the department lost a valued member of staff, Mr. J. Pegler (Control Clerk), whose versatility was worthy of the highest praise. The Senior Driver, Mr. J. Attack was appointed to Station Officer on 2nd July, 1962.

AMBULANCE VEHICLES

The Station is able to carry out its own vehicle repairs, with the exception of re-boring of engines, thus reducing expenditure considerably.

The responsibility of maintaining vehicles has been increased by the introduction of vehicles for Meals on Wheels and Smethwick Club for the Handicapped, plus 7 Civil Defence Vehicles of all types. A close check is kept on Maintenance records to ensure the vehicles are kept at a high standard to answer an emergency call at any time of the day.

EQUIPMENT IN AMBULANCES

Each ambulance vehicle is capable of handling any type of "call" and carries the equipment as shown below:—

2	Canvas Stretchers	1	Feeding Cup
1	Canvas Carry Sheet	1	Urine Bottle
1	Mobyle Chair	1	Bed Pan
2	Pillows and Cases	1	Set of Splints
1	Rubber Sheet	4	Sandbags
3	Incontinence Sheets	1	Vomit Bowl
	Face Masks	2	Hot Water Bottles
6	Blankets	1	Drinking Water Holder

Complete First Aid Kit including mouth to mouth apparatus.

SPECIAL EQUIPMENT HELD AT STATION

The equipment shown below is carried according to type of case being handled, and returned to Station after use.

- 1 Stephenson Minuteman (Gas Poisoning and Electrocution)
- 1 Novox—1 Novita machine (Gas Poisoning and Electrocution).
- 2 Rocking Stretchers.
- 6 Red domed flashing lamps for accident work.
- 1 Specially adapted chair for multi-flat use.
- 2 Premature Baby Baskets.
- 1 Disinfection Kit plus 3 changes of clothing for "infectious cases."

STORES

The reorganisation by the Ambulance Officer of a mechanical stores within the Station consisting of vehicle parts, tyres, batteries, etc., proved an economical measure. Bulk buying reduced the expenditure on numerous items.

The service is manned by paid staff from 6.30 a.m. to 7.30 p.m. Monday to Fridays, from 6.30 a.m. to 2.30 p.m. on Saturdays, and at all other times by volunteers from the British Red Cross and St. John Ambulance Brigade Organisations.

AMBULANCE REQUESTS—Tele. No. SME 0673/4.
999 Emergency.

Considerable frustration and confusion is caused by the lack of knowledge in the methods of "calling an ambulance." Ignorance in this matter could cause the loss of life unless direction is given in the procedure to take. The procedure is shown below.

- (i) Any member of the public can call for an ambulance if involved in or witness to an accident that occurs, either in the street, home or factory, by simply dialling 999 and requesting Ambulance Service. It is common for the person calling the ambulance to become over anxious, frustrated, or emotionally disturbed, to ring off before giving full particulars of the incident, the location, place, and type of accident, the last being important to enable the service to handle the situation correctly. These details should be given when requesting an ambulance.
- (ii) When calling an ambulance for a maternity case the following information should be given. (a) Name and address of patient and directions to the house, the extent of the "labour pains," how often experiencing pain, how many other children has the expectant mother borne, and most important the name of the hospital to which the patient is to be admitted.
- (iii) In cases where a person suddenly becomes ill at home; before calling on the Ambulance Service it is necessary for the patient to be seen by a General Practitioner.

Members of the public should always remember that if in any doubt they should telephone the Ambulance Station for advice, then if necessary the Ambulance Service will investigate the matter by dispatching an ambulance with a fully trained crew to the scene of the incident.

Vehicles in use at the end of the year.

Make	Cubic Capacity of Engine (c.c.)	Type	Capacity of Vehicle	Year
Daimler	4095	D.C. 27 Ambulance	2 stretchers/10 seats	1950
Morris	4197	N.V.S. Ambulance	2 stretchers/ 1 stretcher/5 seats	1952

Make	Cubic Capacity of Engine (c.c.)	Type	Capacity of Vehicle	Year
Morris	1476	J. Sitting Case Ambulance	8 seats	1954
Morris	2199	L.C.5 Ambulance	2 stretchers/ 1 stretcher/5 seats	1954
Morris	2199	L.C.5 Ambulance	2 stretchers/ 1 stretcher/5 seats	1955
Morris	2199	L.D.1 Dual-Purpose Ambulance	2 stretchers/10 seats	1956
Morris	2199	L.C.5 Ambulance	2 stretchers/ 1 stretcher/5 seats	1959
Morris	1489	J.2 Dual-Purpose Ambulance	1 stretcher/10 seats	1959
Morris	2220	L.D.1 Ambulance	2 stretchers/5 seats	1962
Morris	918	5 cwt. Van	—	1951

The following tables give details of the work of the Ambulance Service during 1962:—

(A)							Totals	
							1961	1962
No. of journeys ...	...	...	...	...	...	...	7,240	7,464
Patients carried ...	...	...	...	...	...	...	21,523	21,278
Miles travelled ...	...	...	...	...	...	...	85,105	86,116
Motor Spirit Consumed (galls.)	...	...	...	...	...	...	6,312	6,075

(B) Categories and Number of Patients Conveyed.
Accidents:

(a) Street	...	...	...	...	...	286	258
(b) Home	...	...	...	...	...	216	260
(c) Works	...	...	...	...	...	111	95
(d) School	...	...	...	...	...	59	44
Maternity Cases ...	...	...	...	...	...	524	545
Out Patients ...	...	...	...	...	...	17,098	16,308
Hospital Admissions	...	...	...	...	...	1,937	1,875
Hospital Discharges	...	...	...	...	...	826	777
Others (i.e.) Mental, X-ray Examinations, etc.	...	...	...	...	...	466	905

(C)							
Number of Stretcher Cases	...	...	...	...	...	2,572	2,232
Number of Sitting Cases	...	...	...	...	...	18,951	18,358

“THE HOLLIES” DAY NURSERY AND CHILDREN’S CONVALESCENT HOME

Total attendances at the Day Nursery section of “The Hollies” were 5,367, a decrease of 561 on the previous year. There has been no change in the priorities for admission to the Nursery and applications are classified in order of priority:—

- (1) Where there is no father, and the mother must work to support her children.
- (2) Where the father or mother of the child is seriously ill and confined to bed, either temporarily or permanently, at home or in hospital.
- (3) Where the mother is expecting another child and is due to go into hospital. Consideration is also given to temporary admission of children if the mother is to be confined in her own home.
- (4) Where the housing conditions of the family are so bad that normal life is impossible.
- (5) Where the mother finds that she must work to supplement the father’s wages.

The residential part of “The Hollies” is used as a convalescent home for debilitated children, and as a short stay home for children taken into care by the Children’s Departments of this and other local authorities. The Smethwick Children’s Committee retain eight beds for short stay children, further beds were available to them when necessary. The average number of children in residence during the year was 19.54 and the total number of patient days was 7,631. These figures show an increase when compared with those of 1961 which were 18.48 and 6,744 respectively.

Details of children accommodated during 1962 are shown below:—

Condition	In- Patients 1.1.62	Admitted Under School Age	School Age	Discharged Under School Age	School Age	Re- main- ing 31.12.62
Bronchitis ...	2	—	—	—	1	1
Convalescence ...	3	3	6	4	6	2
General Care ...	2	—	—	2	—	—
Children’s Committees—						
Smethwick ...	7	28	20	28	20	7
Birmingham ...	7	14	20	12	21	8
West Bromwich	—	—	1	—	1	—
Totals:	21	45	47	46	49	18

CHIROPODY SERVICE

The Chiropody Service in Smethwick was taken over in 1948 when the Ministry of Health agreed to its continuation and approved the requisite proposal under Section 28 of the National Health Service Act. Since that date the service has been available free of charge to all residents in the Borough irrespective of age.

Between June, 1961 and September, 1962 Miss Dobson was the only full-time chiropodist employed and the service became partially dependt upon locums who already worked to capacity in private practice. Not unnaturally figures of attendance continued to decline but with the appointment of Mr. Ablott in September it is to be hoped that an extended service will be maintained in future.

Compared with 1961 the total attendances at the clinic showed a decrease. Details of the past 3 years are shown below:—

		1960	1961	1962
Children under five years ofe age	...	—	1	1
Children of school age	... ..	18	6	36
Expectant and Nursing Mothers	...	1	—	3
Other Patients:				
Male	... ..	1,073	798	797
Female	... ..	6,996	5,536	4,676
		<u>8,088</u>	<u>6,341</u>	<u>5,513</u>

Since 1955 a limited Chiropody Service has been provided for the treatment in their own homes of persons, who because of serious illness or crippling defects, cannot make their way to the Clinics. Because of the heavy and growing demand each individual application for home chiropody is carefully checked, and in the majority of cases a member of the Health Visiting staff calls upon the patient before this service is approved. During 1962 the Chiropodists made 361 visits to patients in their own homes, a decrease of 84 when compared with the previous year.

CONVALESCENT CARE

		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
Recomendations for 1962		4	1	4	9	13	14	16	9	8	2	3	1	84
convalescence received	... 1961	1	—	8	6	9	10	10	10	2	1	2	1	61
Patients admitted to convalescent homes	1962	—	1	1	3	1	8	8	12	7	9	3	—	53
... ..	... 1961	—	—	5	4	2	5	6	5	6	2	3	—	37

Recommendations for convalescence are usually made by the general practitioner or the hospital almoner, and the normal period of stay at convalescent homes is two weeks. Patients are assessed according to their ability to pay for convalescent home charges and the rail or bus fare to and from the home may be paid so needy cases should not be deterred from accepting treatment for financial reasons.

LOAN OF SICK ROOM EQUIPMENT

Throughout the year medical loan equipment was available on the recommendation of general practitioners and hospital doctors, and issues were made from the Edward Cheshire Nurses' Home, 2, Bearwood Road, between the hours of 9 a.m. and 11 a.m., Mondays to Fridays, inclusive. No hire charge is made for equipment, a nominal deposit only being required which is refunded when borrowed articles are returned in good order; no deposits are required from old age pensioners. During the year, a total of 537 articles were issued, which was only a small increase on the 513 lent out in 1961.

						Number of articles issued
Air Rings	...	...	...	...	...	36
Bed Pans	...	...	...	...	...	86
Bed Rests	...	...	...	...	...	63
Mackintosh Sheeting	...	...	...	...	...	96
Urinals	...	...	...	...	...	58
Bed Cradles	...	...	...	...	...	19
Wheelchairs	...	...	...	...	...	34
Feeding Cups	...	...	...	...	...	5
Commodes	...	...	...	...	...	36
Dunlopillo Rings	...	...	...	...	...	5
Beds	...	...	...	...	...	11
Mattresses	...	...	...	...	...	13
Lifting Pulleys	...	...	...	...	...	5
Bed, Air	...	...	...	...	...	2
Bed Linen	...	...	...	...	...	8
Bed Tables	...	...	...	...	...	2
Fracture Boards	...	...	...	...	...	32
Miscellaneous	...	...	...	...	...	26
						<hr/> 537 <hr/>

DOMESTIC HELP SERVICE

To some extent all the community care services depend on the Domestic Helps and during the year demands on the Service continued to increase. About 87% of all cases attended needed help on account of chronic ill-health or infirmity due to old age; maternity and other short term patients accounted for 13% (in equal proportions) of the remaining cases.

SUMMARY OF CASES ASSISTED

No. of cases being assisted at 1.1.62	...	...	...	362
New Cases during the year	...	...	...	217
Cases completed during the year	...	...	...	179
No. of cases being assisted at 31.12.62	...	...	...	368

SUMMARY OF CASES ATTENDED, 1958-1962

		1958	1958	1960	1961	1962
New cases of all types	...	151	180	237	189	217
Maternity (including expectant mothers)	...	40	27	22	37	28
Tuberculosis	... ..	2	2	4	3	2
Aged and Infirm	... ..	368	384	443	447	473
Others	... ..	10	13	30	2	23

Staff complement was more stable than in previous years and the "old guard" of long service helps, formed a sound nucleus to deal with the more difficult cases.

An experimental course of lectures and practical work was given to 10 helps during the latter part of the year and after a slow start considerable interest was aroused. The lectures were given by a domestic science tutor, the Superintendent Nursing Officer, the Supervisor of Home Nurses, a Public Health Inspector and the Welfare Officer. All the helps agreed that the lectures were interesting as well as useful and I feel that a similar course would be well worth repeating.

MENTAL HEALTH SERVICE

The following facts and figures give a general outline of the practical work involved.

CARE AND AFTER CARE OF MENTAL ILLNESS

Dr. E. Jacoby, Consultant Psychiatrist at Highcroft Hospital, continued to see out-patients living in Smethwick, at St. Chad's Hospital on Wednesday afternoons and on alternate Friday evenings at the Firs Clinic. The clinics also proved a most useful link between the mental hospital staff and the Local Authority staff. In addition, weekly consultation clinics at Highcroft Hospital were attended by the Mental Welfare Officers. The closest co-operation was maintained with the general practitioners, who frequently sought the assistance of the mental health section about patients requiring treatment for a mental disorder.

During the year 197 Smethwick patients were admitted to the Mental Hospital, an increase of 30 on the previous year's total. The Mental Health staff arranged the admission of 50 patients and 147 were admitted by their general practitioners or from the hospital out-patients clinics. Admissions arranged by the Public Health Department were by application of Sections 25, 26, and 29 of the Mental Health Act, 1959. Of 197 patients admitted, 189 were finally classified as informal patients.

The following tables show how the manner of Admission for patients has changed in recent years and the result this has had on their final classification.

Manner of Admission:

	1958	1959
Certified	2	—
Short Order	55	65
Voluntary	105	118
	<u>162</u>	<u>183</u>

Final Classification:

	1958	1959
Certified	5 3.09%	4 2.18%
Discharged under Short Order	5 3.09%	13 7.10%
Voluntary	152 93.82%	166 90.72%
	<u>162</u>	<u>183</u>

During the year 1960 the new Mental Health Act became law and for this reason the details of admission of patients are not included for that year.

Manner of Admission:

	1961	1962
Treatment under Section 26 Mental Health Act, 1959	2	3
Observation under Section 29 or 25 Mental Health Act, 1959	49	47
Court Order Section 60, Mental Health Act, 1959 ...	1	—
Informal	115	147
	<u>167</u>	<u>197</u>

Final Classification:

	1961	1962
Treatment under Section 26 Mental Health Act, 1959	4 2.33%	7 3.55%
Court Order Section 60, Mental Health Act, 1959 ...	—	1 0.5%
Informal	163 97.67%	189 95.95%
	<u>167</u>	<u>197</u>

One old person was admitted under Section 26 for treatment and the following table shows the final classification of persons aged 70 years and over during the past five years.

	1958	1959	1960	1961	1962
Treatment	—	—	—	—	1
Discharged within period of observation	1	1	—	—	—
Voluntary/Informal ...	32	28	31	25	44
	<hr/> 33	<hr/> 29	<hr/> 31	<hr/> 25	<hr/> 45

The mental welfare officers continued to deal with the after-care of male patients discharged from mental hospital, and the Superintendent Nursing Officer and health visitors were responsible for the after-care of female patients. This work continued to increase and particularly with the male patients, a greater number of evening visits were made to see those who had returned to work following their discharge. The mental officers made 949 visits and health visitors 423 visits to patients' homes during the year.

There were 83 patients receiving after-care at the beginning of the year; 80 new cases were added during the year and 72 were closed, leaving 63 patients at the end of the year. Of the 72 cases closed the results were as follows:—

Fully recovered or stabilized	54
Returned to Mental Hospital for further treatment	12
Left the area	4
Died	2

The table below gives details of hospital discharges during the year:—

Accepted After-care	61
After-care not necessary	72
Discharged to another area	13
Died	36
	<hr/> 182

TRAINING CENTRE

The Albert Bradford Centre, a combined junior and adult training establishment for the mentally sub-normal has been open since October, 1959.

Expansion of activities in the woodwork and metal workshops continues while female pupils are taught the rudiments of domestic science. Basket work, rug making and needlework are taught by a qualified occupational therapist. Training in the junior section includes much communal activity such as plays, pantomimes and dancing displays performed on parents' days.

Most of the pupils are carried to and from the Centre by coach and during the summer many of them spend at week at Smethwick School Camp at Ribbesford by arrangement with the Education Committee.

	Junior Section	Adult Section
No of pupils at 1st January, 1962 ...	30	31
No. of pupils at 31st December, 1962	35	38
Average number of pupils attending during the year	28	30

PREVENTION OF SUB-NORMALITY

The practise of testing infants for signs of phenylketonuria was continued; health visitors tested all infants born in 1962 with uniformly negative results.

HOSPITAL ACCOMMODATION

The list below shows the numbers of mentally disordered patients from Smethwick accommodated in various hospitals at the 31st December, 1962.

Highcroft (Birmingham)	...	...	...	120
St. Matthew's (Burntwood)	...	...	...	107
All Saints' (Birmingham)	...	...	...	4
Broadmoor (Berks.)	...	...	...	1
St. Edward's (Cheddleton)	...	...	...	7
Burghill and Holme Lacy (Hereford)	...	...	...	7
Goodmayes (Essex)	...	...	...	4
Hollymoor (Birmingham)	...	...	...	3
Rubery Hill (Birmingham)	...	...	...	1
St. George's (Stafford)	...	...	...	1
St. Cadoc's (Newport)	...	...	...	1
Monyhull (Birmingham)	...	...	...	26
St. Margaret's (Birmingham)	...	...	...	19
Coleshill Hall (Birmingham)	...	...	...	6
Lea Colony (Bromsgrove)	...	...	...	8
Stallington Hall (Stoke-on-Trent)	...	...	...	3
Stoke Park (Bristol)	...	...	...	3
Chelmsley (Marston Green)	...	...	...	3
Middlefield Hall (Solihull)	...	...	...	2
Burton Road (Dudley)	...	...	...	1
Beech's (Ironbridge)	...	...	...	1
Dean Hill (Ross-on-Wye)	...	...	...	1
Loppington House (Shrewsbury)	...	...	...	1
Moss Side (Liverpool)	...	...	...	1
Royal Earlswood (Surrey)	...	...	...	1
Total:				<u>332</u>

ADMISSIONS TO MENTAL HOSPITALS DURING 1962

Classification	Sex	Aged Under 20	20-29	30-39	40-49	50-59	60-69	Aged 70 and over	Total All Ages
Section 25, Mental Health Act	M	—	—	—	1	—	—	—	1
	F	—	—	—	—	—	—	—	—
Section 26, Mental Health Act	M	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	1	3
Section 29, Mental Health Act	M	—	3	3	2	1	4	1	14
	F	—	1	5	2	9	5	10	32
Magistrate's Court Order, Section 60, Mental Health Act	M	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—
Informal	M	1	9	3	9	8	10	10	50
	F	2	12	18	14	8	20	23	97
Total Admissions during 1962	M	1	12	6	12	9	14	11	65
	F	3	14	23	16	17	25	34	132

DISCHARGES AND DEATHS—MENTAL HOSPITALS, 1962

Length of Stay	Sex	Aged Under 20	20-29	30-39	40-49	50-59	60-69	Aged 70 and over	Total
Under 3 months ...	M	1	9	5	8	7	11	7	140 (17 died)
	F	1	9	20	10	13	20	19	
3-6 months ...	M	—	2	—	1	—	—	1	17 (2 died)
	F	—	2	3	3	1	1	3	
6-9 months ...	M	—	1	1	—	1	1	1	8 (4 died)
	F	—	—	—	—	—	—	3	
9-12 months ...	M	—	—	—	—	—	—	1	3 (2 died)
	F	1	—	—	—	—	—	1	
Over 12 months ...	M	—	—	—	—	1	2	3	14 (11 died)
	F	—	1	—	—	—	1	6	
Totals:		3	24	29	22	23	36	45	182 (36 died)

CONTROL OF INFECTIOUS DISEASES

1. TUBERCULOSIS

The Consultant Chest Physician, Dr. Wilson Russell, has kindly let me have the following report on the work of the Chest Clinic during 1962:—

In 1962 eighty new cases were put on the Register, 63 arising in the town as compared with 76 in 1961, and 17 coming in from outside areas. 137 cases were discharged off the Register as recovered, 22 were transferred out to other areas and 21 persons on the Register died. At the end of the year there were 568 cases on the Register as compared with 668 at the end of 1961, a reduction of 100.

The 63 new Smethwick cases were found as follows:—

Referred by General Practitioner	...	...	21
Referred by Hospitals	...	...	21
Contact Examinations	...	...	10
Mass Radiography—Doctors cases	...	...	6
Surveys, etc.	...	...	1
Others (Factory and School Doctors)	...	...	4

Of the 80 additions to the Register, 44 were men, 17 were women and 19 were children. 12 were non-respiratory, 6 men, 5 women and 1 child, compared with 6 non-respiratory cases in 1961. Of the 68 new respiratory cases 29 were sputum positive during 1962, and during the year 38 patients were known or considered to have a positive sputum test. At the end of the year 6 had died, 10 remained in hospital and 13 were back home sputum negative after treatment. Thus the "infectior pool" of known infectious cases in the town at the end of 1962 was 9, as compared with 8 at the end of last year.

Total attendances at the Chest Clinic again fell slightly to 5,191. The number of new persons seen for the first time was 994, including 182 contacts. 3,018 X-ray examinations were made, 2,734 for Smethwick residents and 284 for Langley Chest Clinic. The fall in the volume of X-ray work is explained by the lack of a full-time radiographer from December 1961 to October 1962. Over a period of 10 months we had to manage with only 3 X-ray sessions weekly and restrict the work to Smethwick Chest Clinic patients. A new full-time radiographer started on October 1st, relieving a difficult period but the assistance of various locum radiographers just enabled us to keep going. There has been no change in the arrangements for hospital treatment. Both male and female patients are admitted to Prestwood Sanatorium and children to The Limes Children's Sanatorium at Himley. There is no waiting, admission can be arranged immediately on diagnosis. I am most grateful to Dr. Sheldon, who looks after the Smethwick patients in Prestwood and in The Limes, not only for the high standard of medical care of the in-patients but also for coming over to Smethwick Chest Clinic in my absence on leave for holiday and sickness. The Clinic patients appreciate very much being seen at the Clinic by the same physician who cared for them while in hospital.

During 1962 the average bed occupancy could be estimated as under:—

Prestwood, Stourbridge —22 males and 4 females.
 The Limes, Himley —5 children and 2 females.
 Heath Lane, West Bromwich—2 males.

The special Midland 'Red' bus for visitors leaves Windmill Lane, Smethwick, at 1.10 p.m. on Wednesday and Sunday picking up at only the main bus stops along High Street to the Spon Croft. There is evening visiting at Prestwood from 7 to 8 p.m. on the other evenings of the week, but visitors need to go by private car as the ordinary bus service is too difficult. If they are fit to travel by bus, new admissions are sent in by the visitors bus but many have to be sent by ambulance and the help of Smethwick Ambulance Service is greatly appreciated.

With the satisfactory response to medical treatment with drugs, surgical treatment of respiratory tuberculosis is not often needed nowadays but when required, the Thoracic Surgeons, Mr. MacHale and Mr. Stephenson visit Smethwick Clinic and give surgical treatment at Yardley Green Hospital for tuberculous cases and at Hill Top Hospital Bromsgrove, for non-tuberculous patients. Dr. Bourne visits regularly for radiological consultations. Sputum tests and other pathological investigations are done at Hallam Hospital Laboratory, West Bromwich.

In accordance with my usual practice for many years nearly all new persons seen at the Clinic in 1962 had a routine tuberculin skin test as part of their examination. Excluding 179 who had previously received B.C.G. vaccination at school or elsewhere the following table gives the findings:—

Age	Positive	Negative	Total	Percentage Positive		
				1962	1961	1960
0—5	11	109	120	9.1	8.5	1.74
6—10	15	50	65	23.1	17.9	7.0
11—15	22	27	49	44.9	35.4	30.0
16—20	16	32	48	33.3	32.6	29.0
21—30	78	51	129	60.5	55.3	54.0
31—40	91	32	123	74.0	80.0	76.3
41—50	85	23	108	78.7	82.0	72.6
51—60	63	16	79	79.7	80.0	80.5
61—70	23	24	47	48.9	72.8	70.2
71—80	6	8	14	42.8	53.3	23.8
81+	Nil	1	1	Nil	50.0	50.0
Totals	410	373	783	51.1	55.9	50.7

The figures for children of school age and under again show a disquieting rise. Up to age 10, 16.3% are positive compared with 12% in 1961 and up to age 20, 22.7% compared with 19.4%. Until 1961 there was a steady decline in Tuberculin sensitivity in children but it would appear primary infection with tuberculosis is on the

increase. Many of the children tested are contacts and include a number of Asiatic children. Sub-dividing the Clinic Tuberculin results into Indian and "others" the following table shows the findings:—

Age	Indian				Non-Indian (Others)			
	Positive	Negative	Total	%+	Positive	Negative	Total	+%
0—5	2	16	18	11.1	9	93	102	8.8
6—10	8	14	22	36.4	7	36	43	16.3
11—15	10	6	16	62.5	12	21	33	36.3
Total	20	36	56	35.7	28	150	178	15.7

While the numbers are small they tend to confirm the higher incidence of tuberculosis in Asiatics. Indeed further testing with 1:100 test strength shows many positive although negative to 1:1000.

In view of the apparent rise of Tuberculin sensitivity in children I would again put forward for consideration the routine testing of children aged 5 as part of the first medical examination at school. This procedure is adopted in many places. A child found positive to skin test at age 5 is a pointer to the family, possibly an unsuspecting parent, as the source of infection. It is a much more direct method of case finding than Mass Radiography and it would certainly help with Asiatic families.

The School Medical Staff now do testing of school children at age 13 to 14 in connection with B.C.G. vaccination and positive reactors are offered chest X-ray at the Chest Clinic. In 1962 eight hundred and two school children in age group 13 —14 were tested, 88 (11%) were positive and 83 of these had X-ray at Chest Clinic but only one, an Indian boy, required treatment in The Limes Children's Sanatorium. The remaining 712 were given B.C.G. vaccination at school.

During the year 182 contacts were examined at the Chest Clinic and of these 78 were positive (42.8%) and 104 negative. 68 contact children were given B.C.G. vaccination. 179 tuberculin tests were done after B.C.G. vaccination of which 18 were negative. Immediate conversion is satisfactory but reversion occurs on average in 5 years with infants and young children and in 2—3 years with older children. In 1962 no case of tuberculosis was found in a person known to have received B.C.G. vaccination.

Tuberculosis in immigrants rose again in 1962. 30 of the 63 new Smethwick cases and 8 of the 17 inward transfer were immigrants. 47.5% of the total of 80 added to the Register and 47.5% of the 63 new Smethwick cases occurred in immigrants. This is another rise (35% of total and 38.2% Smethwick cases in 1961) and, as reported last year at least half of the Chest Clinic work involves Indian and Pakistani families. It would appear that more wives and children have arrived from India and the birth rate must be expected to rise.

For some years about one third of the treatment beds have been required for immigrant patients but in 1962 about half of the beds have been occupied by them. They are good patients, co-operating well in treatment in hospital and at home but there is great difficulty in getting them into suitable employment when they are again fit for work. The language difficulty rules out the usual assistance of Rehabilitation and Training Courses arranged through the Ministry of Labour, whose officers are so helpful with our own native patients.

The West Indians **do not** constitute a tuberculosis problem, indeed the incidence of tuberculosis is much less than in our own population. Only one Jamaican, a child, was put on the register in 1962, which fact is surprising when so many Asiatic and West Indian families live in overcrowded conditions under the same roof. Smethwick Council took stronger action regarding overcrowding in 1962 but it still remains a problem in connection with Tuberculosis.

The Nationalities of the new immigrant cases were as follows:-

Nationality	Smethwick Residents	Transfers In	Total
Indian	22	3	25
Pakistani	7	2	9
Irish	0	3	3
Jamaican	1	0	1
	<hr/>	<hr/>	<hr/>
Total	30	8	38
	<hr/>	<hr/>	<hr/>

During the year many tuberculous families were re-housed in better accommodation by the Smethwick Housing Committee, on health grounds. Satisfactory housing is a most important factor in preventing and limiting the spread of tuberculosis. Where there are young children a house with a garden, however small, is better than a flat but perhaps that is now an impossible ideal.

About 150 patients received a daily free pint of milk as part of the After-care Scheme of Smethwick Health Committee. They were mostly children, with primary disease and adults after return from Sanatorium, while still off work. With the gradual decline in new cases each year this number can be expected to slowly diminish.

The Clinic was short staffed for most of 1962. Sister O'Connor performed all the home visits, 900 being effective, and attended at the Clinic Sessions. All the secretarial work was accomplished by Miss Underhill with her usual efficiency including 3,248 reports to doctors. The X-ray work was limited to 3 sessions weekly until Mrs. Stokes came in October. Probably the patients and the local doctors did not realise that we were working under difficulty and a large amount of work was done by a reduced staff with only a minimum of delay. I am deeply indebted to Miss O'Connor and Miss Underhill for their most loyal assistance and my thanks are also due to the various ladies who have given as much help as they could with the X-ray work.

RETURN SHOWING THE WORK OF THE DISPENSARY DURING THE YEAR 1962

	PULMONARY			NON-PULMONARY			TOTAL			Grand Total
	Adults		Children	Adults		Children	Adults		Children	
	M.	F.		M.	F.		M.	F.		
A. (1) Number of definite cases of Tuberculosis on the Dispensary Register at the beginning of the year	350	179	82	28	21	8	378	200	90	668
(2) Transfers from Authorities of areas outside that of the Council or Board during the year	11	5	—	—	1	—	11	6	—	17
(3) Lost-sight-of cases returned during the year	—	—	—	—	—	—	—	—	—	—
B. Number of new cases diagnosed as Tuberculous during the year—										
(1) Class T.B. Minus	13	4	17	6	4	1	19	8	18	45
(2) Class T.B. Plus	14	3	1	—	—	—	14	3	1	18
C. Number of cases included in A and B written off the Dispensary Register during the year as:										
(1) Recovered	38	33	32	3	5	—	41	38	32	111
(2) Dead (all causes)	18	3	—	—	—	—	18	3	—	21
(3) Removed to other areas	14	7	1	—	—	—	14	7	1	22
(4) For Other Reasons	12	7	3	3	1	—	15	8	3	26
D. Number of definite cases of Tuberculosis on the Dispensary Register at the end of the year	306	141	64	28	20	9	324	161	83	568

2. COMMON INFECTIOUS FEVERS AND NOTIFIABLE DISEASES

There were no cases of smallpox, diphtheria or poliomyelitis reported in Smethwick during the year. There were 24 scarlet fever notifications compared with 18 last year. In general scarlet fever today is a very mild type and bears little resemblance to the form of disease that was seen years ago. Thirteen cases of pneumonia were reported to the Department during the year, but in 50 instances pneumonia was the certified cause of death of residents in the Borough.

There were no cases of enteric fever and 53 cases of dysentery were notified during 1962 compared with 22 last year; of the 1962 cases 35 were confirmed bacteriologically. Two cases of food poisoning were notified during the year as against 3 in 1961.

Cases notified:				
		1961	1962	Remarks
Smallpox	... ..	—	—	No case notified since 1928. No deaths since 1894.
Diphtheria	... ..	—	—	No case notified since 1954. No deaths since 1946.
Poliomyelitis	... ..	2	—	
Scarlet Fever	... ..	18	24	
Pneumonia	... ..	25	13	50 certified as cause of death.
Puerperal pyrexia	... ..	1	—	
Dysentery	... ..	22	53	35 confirmed bacteriologically.
Food Poisoning	... ..	3	2	

3. VENEREAL DISEASES

Statistical information about Smethwick patients attending for the first time at the Treatment Centre, Birmingham General Hospital, has again been supplied by the Consultant Physician in charge. Details of such attendances during the past five years are given in the table below:—

			1958	1959	1960	1961	1962
Syphilis	... ..	...	6	4	1	9	6
Gonorrhoea	... ..	...	55	26	46	65	50
Other Conditions	... ..	...	87	82	79	110	86
			<hr/> 148 <hr/>	<hr/> 112 <hr/>	<hr/> 126 <hr/>	<hr/> 184 <hr/>	<hr/> 142 <hr/>

NURSING HOMES

Under Section 187 of the Public Health Act, 1936, all nursing homes have to be registered with the local authority. In Smethwick there is only one nursing home and this provides accommodation for twenty patients; regular statutory inspections are made by the Superintendent Nursing Officer.

REPORT ON MEDICAL RECOMMENDATIONS FOR RE-HOUSING

From 1st January — 31st December, 1962

The Municipal Housing Policy for the borough indicates that the Housing Manager shall be authorised to grant transfers to alternative accommodation where the tenant desires a change of district or type of dwelling on the ground that this present district or dwelling is detrimental to the health of one or more members of the household. Such transfer must, however, be recommended by the Medical Officer of Health on grounds peculiar to the particular tenant.

Information regarding medical grounds for transfer may be provided in the first instance by the Housing Manager himself who has been approached by the applicant or persons may apply to the Public Health Department, often supporting their application by a note from their medical attendants. Further sources of information in most cases include reports from health visitors and public health inspectors. Every case is therefore considered on its merits and an appropriate recommendation made to the Housing Manager concerning the degree of priority and sometimes also, when necessary, the most suitable type of dwelling required. Many applications are received and the number is growing very steadily, so that obviously some medical reasons are stronger than others. The process of investigation and consideration is extensive and means a fair proportion of officers' time is spent on this work.

Applications not supported (Insufficient medical grounds) ... 40

TABLE "A"

Applications where support given and type of dwelling concerned

Transfer from flat	...	...	...	...	...	30
Transfer from maisonette	...	...	...	...	...	10
To expedite transfer from house in clearance area	...	...	...	...	...	3
Overcrowding with medical grounds in addition	...	...	...	...	...	1
Transfer from old property	...	...	...	...	...	15
Exchange of council dwelling	...	...	...	...	...	27
Transfer from Council House to Old Persons Bungalow	...	...	...	...	...	9
Transfer from Council House to Flat	...	...	...	...	...	6
Transfer from old property to Old Persons Bungalow	...	...	...	...	...	1
Applications by Sub-tenants of Council and other property...	...	...	...	...	...	8
Total:						150

TABLE " B "

Type of Medical Condition to which applicants have drawn attention:							
Psychoneurotic Conditions	...	...	...	...	...	...	23
Nervous Debility (not included above)	...	...	...	...	...	...	9
Asthma and Bronchitis	...	...	...	...	...	...	26
Heart and circulatory conditions	...	...	...	...	...	...	16
Other Physical Handicaps	...	...	...	...	...	...	24
Tuberculosis (other than open cases in contact with children)	...	...	...	...	...	...	8
Arthritis	...	...	...	...	...	...	9
Blindness or Partial sight	...	...	...	...	...	...	4
Gastric and Intestinal Conditions	...	...	...	...	...	...	2
Epilepsy	...	...	...	...	...	...	1
Cancer	...	...	...	...	...	...	1
Total:							123
<hr/>							
Applications received where grounds for change of dwelling	...	...	...	...	...	...	27
mainly social	...	...	...	...	...	...	27
Total:							150

The most striking results in table " A " is the large number of applications from flat dwellers and those in maisonettes who are seeking alternative accommodation, usually preferring a house rather than a flat. In table " B " the psychoneurotic and nervous conditions far exceed any of the others with asthma and bronchitis as a close second. It is worth remembering that in the case of asthma there is often a strong psychological element too. As might be anticipated dissatisfaction with the environment may be a cause for the aggravation of an established mental condition but on the other hand dissatisfaction with everything in general, including housing can be a system of mental illness in itself. There is a dearth of small one bedroom dwelling for elderly people. The general impression over the year's applicants indicates that many come from elderly infirm people who find a Council House too large for their needs and themselves too frail to clean and look after it in the way that they have been accustomed to do in the past.

INCIDENCE OF ILLNESS IN THE WORKING POPULATION

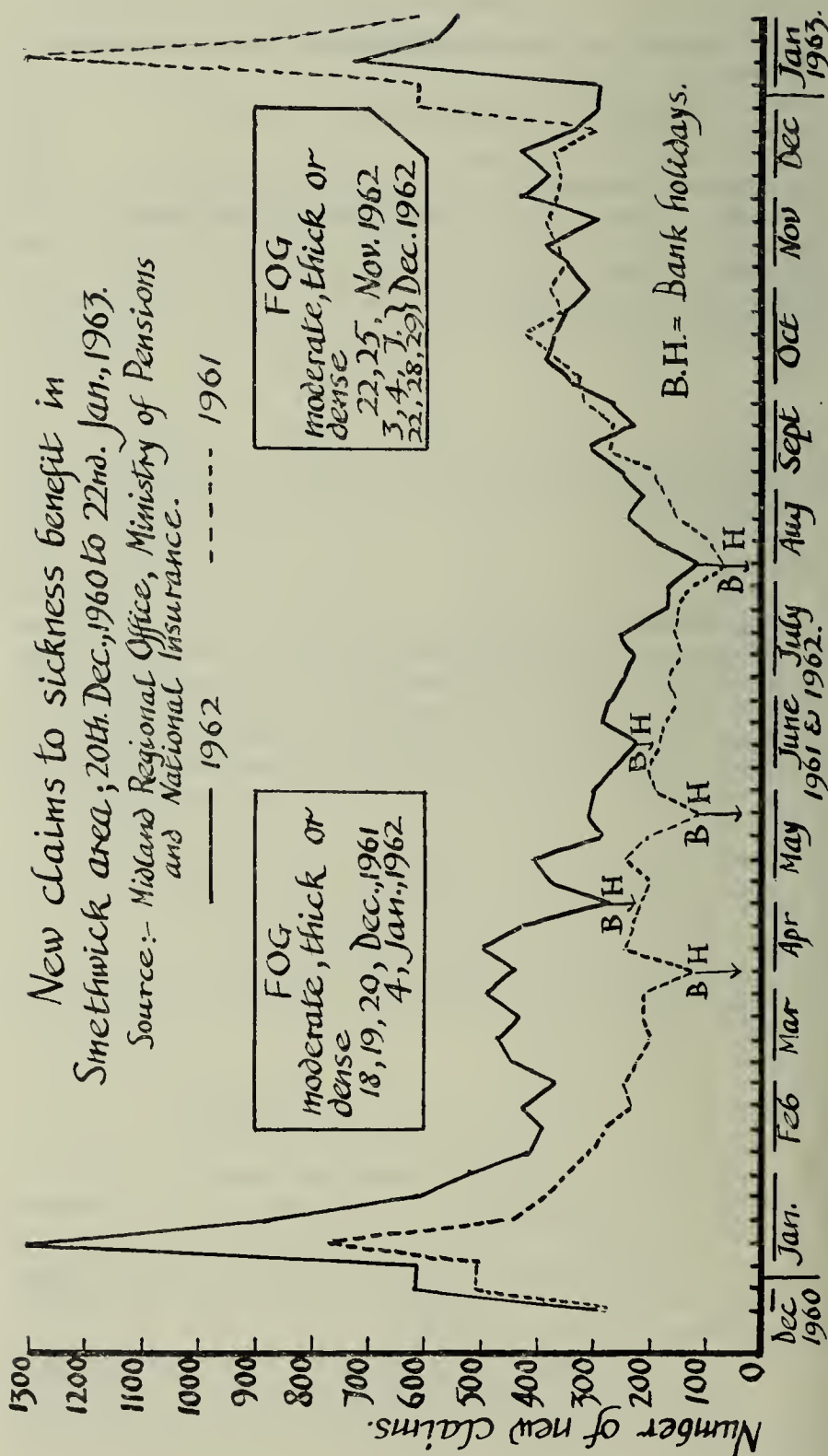
The diagram on page 54 shows the number of claims to sickness benefit during 1962 in the Smethwick area of the Ministry of Pensions and National Insurance.

About Bank Holiday periods claims reach the nadir, possibly because employers insist upon sickness notes from insured workers to cover absence during working days.

The graph reaches its peak during December and January, a time when the English climate is prone to dense fog, snow and generally bleak cold weather. For the first and last months of 1962 (the coldest year since 1922) recorded temperatures at the Edgbaston Observatory were well below the average.

New claims to sickness benefit in Smethwick area; 20th Dec., 1960 to 22nd. Jan., 1963.

Source:- Midland Regional Office, Ministry of Pensions
and National Insurance.



THE NATIONAL ASSISTANCE ACT

WELFARE SERVICES

The approved schemes of the Council under Sections 21, 29 and 30 of the National Assistance Act are the responsibility of the Health Committee through its Welfare Sub Committee and are administered by the Medical Officer of Health as Chief Welfare Officer, and his staff in the Health Department.

RESIDENTIAL ACCOMMODATION AND SERVICES FOR AGED AND INFIRM PERSONS

The Council has a duty to provide residential accommodation for persons who by reason of age, infirmity or any other circumstances, are in need of care and attention which is not otherwise available to them.

Residential accommodation is available in three small homes provided by the Authority, at 31 Park Hill, Moseley, Birmingham, at Hill Crest and Garden Lodge both of which homes are in the same grounds in Little Moor Hill, Smethwick. Garden Lodge was opened in 1958 and was designed specifically for the accommodation of 25 more infirm old people. In all 75 old people can be housed, and throughout the year a full complement of residents was accommodated. At the end of the year, however, there were still 25 Smethwick people resident in homes of other local authorities: 17 of these were housed in the "Poplars" at Wolverhampton. The same excellent co-operation between Summerfield Hospital and the Department staff continued for the admission of chronic sick to hospital. Details of admissions and discharges within the homes during 1962 are shown below:—

	No. of Resi- dents 1.1.62	Admissions from		Discharges to		Deaths	No. of Resi- dents 31.12.62
"Hill Crest," Smethwick	25	1	49	4	38	3	30
"Garden Lodge, Smethwick	25	9	9	10	6	2	25
31 Park Hill, Moseley	16	2	21	5	14	—	20
"The Poplar," Wolverhampton	17	—	6	1	3	2	17
Solihull, Warwickshire	1	—	—	—	—	—	1
Byrony House, B'ham ...	1	—	—	—	1	—	—
"Oakdene," B'ham ...	1	—	—	—	—	—	1
David Lewis Colony ...	2	—	—	—	—	—	2
Cowley Home, B'ham ...	1	1	—	—	—	—	2
Overley Hall, Wellington, Salop	—	—	1	—	1	—	—
Raymond Priestly Home, Erdington	—	1	—	—	—	—	1
"Heriotts", Droitwich ...	—	1	1	—	1	—	1
	89	15	87	20	64	7	100

TEMPORARY ACCOMMODATION

Local Welfare Authorities have a duty to provide temporary accommodation for persons left homeless because of circumstances which could not reasonably have been foreseen. In Smethwick children have been referred to the Children's Officer who has often asked the department to admit them to "The Hollies." Adults have been told of the various hostels in the Birmingham area where they might obtain a bed. Many families make application for assistance after being evicted from furnished accommodation at short notice. Nearly all applications, however, were withdrawn when the nature of the assistance which could be given by the department became known. It must, however, be pointed out that no families which could be termed "temporary accommodation" cases strictly within the terms of the National Assistance Act, came for help during the year.

During 1962 one aged person was admitted for a short period to enable relatives to go away on holiday.

REMOVAL OF PERSONS IN NEED OF CARE AND ATTENTION

I am again pleased to report that it was not necessary to take action under Section 47 of the National Assistance Act for the removal of any persons found to be in need of care and attention. It is with extreme reluctance and only as a last resort that these powers are invoked. Wherever possible the resources of the department, including the Domestic Help Service and the Home Nursing Service, are used to improve the conditions in the home so that compulsory removal becomes unnecessary.

PROTECTION OF PROPERTY

During 1962 it was found necessary to provide protection of property under Section 48 of the National Assistance Act in a total of 34 cases. Of these, temporary protection was necessary in 7 instances where persons were absent from residential accommodation, either on holiday or in hospital. The property of 16 residents was looked after following their deaths in the Homes or in hospital. Property belonging to eleven other residents was kept in safe custody.

BURIAL OF THE DEAD

The Authority is required under Section 50 of the National Assistance Act to make arrangements for the burial or cremation of the body of any person who has died within the area, where it appears that no other suitable arrangements have been made for the disposal of the body. During 1962 two burials were arranged.

WELFARE OF BLIND PERSONS

The Council's duties for the promotion of the welfare of blind persons normally resident in Smethwick continued to be carried out on an agency basis by the Birmingham Royal Institution for the Blind. The classification of the Register of the Blind at the 31st December, 1962, was as shown overleaf:—

	Males	Females	Total
Workshop Workers	13	4	17
Workers in Open Employment ...	6	—	6
Other Blind Employee	1	—	1
Unemployables at home	39	44	83
Unemployables in Regional Board Hospitals	2	1	3
Attending Residential Course at Training Centre	—	1	1
At Residential School for Children ...	1	—	1
Child at home	—	1	1
Unemployed in Cowley Home	—	1	1
	<hr/> 62	<hr/> 52	<hr/> 114

WELFARE OF OTHER HANDICAPPED PERSONS

The appointment of an Occupations Officer, who is also a qualified Occupational Therapist, made it possible to offer further facilities to other handicapped persons. This officer was seconded to the service in a part-time capacity during 1962. In addition to giving instruction in handicrafts at classes held on two days each week at the Cape Clinic Centre, she devoted three afternoons to the instruction of the home bound disabled. She worked closely in conjunction with the Assistant Welfare Officer and other officers dealing with the arrangements for the welfare of other handicapped persons.

The register of these persons showed a total of 29 new cases during 1962. Fifteen deaths occurred during the period and one person left the district. The classification of the Register on the 31st December, 1962, was as follows:—

Amputation	14
Arthritis and Rheumatism	48
Congenital malformation	5
General diseases	11
Injuries	7
Organic Nervous diseases	64
Other Nervous and Mental Disorders	9
Other diseases and injuries	6
Hard of Hearing	2
	<hr/> 166

During the period under review the Council inaugurated a pilot scheme for the provision of holidays for the severely disabled.

A party of 21 handicapped persons accompanied by their escorts from Smethwick joined a large party from four neighbouring Authorities who had arranged one week's stay at a well-known holiday camp. Amenities and entertainment, both indoor and outdoor, were provided by the Camp authorities and the comfort and well being of the party en route was catered for by various voluntary organisations in the Cambridge area. It was a very successful venture and it is hoped that arrangements can be made for a larger party next year.

MEALS ON WHEELS SERVICE

Smethwick started a mobile meals service on the 27th November, 1962, and at present delivery of fifty meals at one shilling each is undertaken by two members of the Women's Voluntary Service on rota and a driver provided by the Council; other W.V.S. members also on rota serve the meals at an industrial canteen. The time for the journey takes approximately $3\frac{1}{4}$ hours in fair weather. Cleaning of utensils and crockery is done by a council employee at the Albert Bradford Centre.

Applications for meals are considered by me in the following order of priority. Applicants who are:—

1. Bedfast for all or the major part of the year who are living in a household where there is no-one able to supply a regular cooked meal.
2. Housebound, and prevented from cooking by some physical disability.
3. Housebound, live alone, could cook for themselves but cannot do their shopping.
4. Able to get out but unable to cook because of some physical disability such as blindness, paralysis of arms, etc.

Soon after the service started exceptionally bad weather created atrocious operating conditions and it is a credit to all concerned that the service continued in spite of great difficulties.

The organisation of the service is the responsibility of the Council but successful running on the present basis represents a joint enterprise between Messrs. Mitchells and Butlers who prepare the food and provide free of charge to the Corporation one day's meals each week, the W.V.S. who "plate" and deliver meals from the van to houses and the Council.

The new service has been needed for a long time and the Council are most grateful for the facilities provided by the Women's Voluntary Service and Messrs. Mitchells and Butlers.

SMETHWICK CLUB FOR THE HANDICAPPED

As in previous years, the Club has continued to operate smoothly and well. It is becoming increasingly obvious that the facilities provided at the Cape Clinic by the Club are much appreciated by all the members and even if one meeting has to be cancelled because of bad weather it causes great disappointment.

Transport has proved once more to be the main difficulty and several drivers who were unable to continue transporting members could not be replaced. This has meant that there have been a number of the remaining volunteers who are doing double journeys. In May, however, the Club received from the British Cycle Corporation Social Club the very handsome gift of a specially adapted minibus which could carry 11 passengers or two wheelchair cases. The special adaptation is a hydraulic tailboard lift which was installed after a great deal of consultation between the Transport Officer Mr. Collett, and the Northampton firm which designed it specially for use by the Club. The 'bus has proved to be of immense value in transporting those severely handicapped persons who cannot be carried in private cars.

Monetary gifts totalling £100 have been received from local firms and charitable organisations and together with the income from

the annual flag day and the grant from the Smethwick Corporation, the Club has been able to maintain the provision of outings, parties, free refreshments and other amenities. There have been other gifts which have been equally acceptable, a piano and three small specially designed wheelchairs for use with the minibus. These chairs have proved to be worth their weight in gold for moving handicapped members quickly from cars to Club premises and to the toilets.

It must not be forgotten, of course, that amenities could not be provided at all if it were not for the large number of volunteers who regularly and willingly give their leisure time and co-operate very closely in order that members may benefit to the full.

MEDICAL EXAMINATIONS, 1962						Number Examined	
Department							
Borough Engineer	...	...	...	...	...	29	
				Special Examinations	...	1	
				Re-examinations	...	5	35
Borough Librarian	...	...	...	...	...	...	4
Borough Treasurer	...	...	...	...	...	...	6
Building & Maintenance	...	...	...	...	...	42	
				Special Examinations	...	4	
				Re-examination	...	1	47
Children's	...	...	...	...	...	...	7
Civil Defence	...	...	...	...	...	...	1
Education	...	...	...	...	...	...
Teachers	...	...	...	...	...	62	
Training Colleges	...	...	...	...	...	20	
School Meals Staff	...	...	...	...	...	62	
				Special Examination	...	1	
				Re-examination	...	1	
School Caretakers	...	...	...	...	...	5	
School Cleaners	...	...	...	...	...	36	
				Special Examination	...	1	
				Re-examination	...	1	
Staff Examinations	...	...	...	...	...	33	
				Special Examination	...	1	223
Estates—							
Baths	...	...	...	...	...	7	
				Special Examination	...	1	8
Cemetery	...	...	...	...	...	...	4
Parks	...	...	...	...	...	22	
				Special Examinations	...	2	
				Re-examination	...	1	25
Fire Service	...	...	...	...	...	...	2
Housing	...	...	...	...	...	...	7
Magistrate's Clerks	...	...	...	...	...	2	
				Re-examination	...	1	3
Public Health	...	...	...	...	...	...	86
Town Clerk's	...	...	...	...	...	...	1
Weights and Measures	...	...	...	...	...	...	1
Examinations carried out for other Authorities	...	...	...	...	...	...	3
							463

COUNTY BOROUGH OF SMETHWICK

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR ON THE SANITARY ADMINISTRATION OF THE BOROUGH FOR THE YEAR ENDED 31st DECEMBER, 1962

To the Mayor, Aldermen and Councillors of the
County Borough of Smethwick

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting my tenth Annual Report, which surveys the work done during the year in the field of environmental hygiene.

HOUSES-IN-MULTI-OCCUPATION:

Since 1955 there has been a steady increase in the number of Commonwealth immigrants living in the town. In the early days the immigrants, consisting of Indians and Pakistanis, were chiefly men. Possibly due to this the houses in which they lived tended to be untidy, with scraps of food deposited on floors and in cupboards. These untidy habits gave rise to problems of rodent infestation. Latterly, however, as they have consolidated their position, there has been an increasing tendency for them to bring over their wives. There has also been a considerable influx of West Indians, many of whom, from the very outset, brought their womenfolk with them. As the immigrants began to live a family life, as distinct from a bachelor life, so their housing standards, insofar as cleanliness and feeding habits were concerned, began to improve. Whilst acknowledging the part played by the ladies, I think that the undoubted cause of the improved conditions has been the constant visiting of the houses over the years by experienced Public Health Inspectors. The decision of the Council to appoint an additional inspector should materially assist this progress. On the 22nd May, 1962, the Housing (Management of Houses-in-Multiple-Occupation) Regulations, 1962, came into operation. These regulations, plus the powers contained in the Housing Act of 1961, considerably strengthened the hands of local authorities. This despite some shortcomings, which will be referred to later. Their purpose is to deal with squalid conditions in houses let in multi-occupation; to provide a reasonable standard of amenities in the form of washing and cooking facilities, food storage, sanitary accommodation and, more particularly, having regard to the high fire-risk due to the extensive use of paraffin heaters, means of escape in case of fire. An unfortunate weakness of this new legislation is that houses let in multi-occupation are not required to be registered with the local authority. This means that instead of the owner of such a house having to apply for registration, a pre-requisite of the granting of which would be compliance with certain standards of hygiene, amenity, etc., the public



“HOUSE IN MULTIPLE OCCUPATON”

health inspectorate have to go out to find these houses and then abate overcrowding and ensure the provision of amenities, etc., all of which is time consuming and rather savours of putting the cart before the horse. Another undoubted weakness is that where the owner of such a house fails to comply with notices to provide such amenities as adequate sanitary accommodation, washing facilities, etc., or adequate means of escape in case of fire, all the local authority can do is to execute the work in default and attempt to recover the cost in the courts. How much better if the precedent of the Public Health Act in dealing with the abatement of nuisances had been followed. Under the Public Health Act a person failing to comply with a nuisance order is liable to a fine and a continuing penalty for each day on which the offence continues after conviction. This without prejudice to the local authority doing the work in default. When one considers that costs of default work in houses let in multi-occupation can amount to £350, and it is known that we have at least 400 such houses in the town, the importance of the matter cannot be overstated. Another obvious weakness is that a family is not defined in the Housing Acts. This has proved a very real difficulty in dealing with overcrowding, particularly as with many Commonwealth immigrants the definition of a family assumes tribal proportions. On the question of overcrowding a further difficulty arises from the fact that the local authority are unable to fix a standard of occupancy under Section 90, Housing Act, 1957, unless it appears to them that excessive numbers are being accommodated on the premises. This means that a local authority is precluded from taking action until overcrowding exists. This again is a further point in favour of registration. However, despite these serious deficiencies in the law, we can, I think, justifiably claim to have done as much as, if not more than, most local authorities faced with this serious problem.

It was realised at the very outset that if any material progress was to be achieved, a systematic examination of all houses in multi-occupation must be made. To that end, the inspectors began a door-to-door, street-by-street inspection of the town. It was very quickly recognised that if any real impact were to be made on the problem, evening visits would have to be paid, as so many people were out at work during the day and, consequently, the inspectors on their daytime visits were faced with locked doors. Indeed, a large proportion of the work is now carried out during the evenings.

The Council, appreciating the need for speedy implementation of the new legislation, set up a special sub-committee, armed with plenary powers, and this sub-committee has met at intervals varying between two and three weeks. Immediate liaison with the Chief Fire Officer of the Smethwick and West Bromwich Fire Service was established and, indeed, his Fire-Prevention Officer attends all meetings of the sub-committee. In Table X in the body of the report, details are given of the work done to the end of 1962, although, in view of the continuing drive, this is almost ancient history. A photograph of squalid conditions necessitating the making of Management Orders is indicative of the sort of problem being dealt with. The great number of notices required to be served has increased the burden on the clerical staff already struggling to cope with extra work occasioned by

the slum clearance and smoke control area drives. Because so many immigrants are not literate even in their own language, each morning sees the public health inspectors dealing with a constant stream of inquiries resulting from the service of notices. This, in addition to explaining requirements to contractors so that they might submit tenders for the provision of amenities, has further increased the demands on the inspectorate. With the increasing number of court cases the work entailed will undoubtedly increase. Our recompense is that already we can see a marked improvement in the living conditions of Commonwealth immigrants.

As a result of our special knowledge and experience of problems arising out of Commonwealth immigration, the Medical Officer of Health and myself were invited to take part in a weekend conference organised by the Staffordshire County Council. The theme of the conference was "Indians and Pakistanis in Britain." I dealt with the housing situation with particular reference to houses-let-in-multi-occupation.

SMALLPOX OUTBREAK:

The smallpox outbreak which occurred in January, involving in our case the tracing and questioning of large numbers of coloured immigrants, made tremendous demands upon the inspectorate, causing considerable interference with normal duties. Indeed, for a time, apart from dealing with complaints and meat inspection, our entire energies were devoted to the tracing and surveillance of contacts. The task was further complicated by language difficulties. Five teams, each consisting of a public health inspector and an interpreter, were immediately formed and by dint of much hard work, involving evening and weekend duties, all contacts were traced. The Assistant Indian High Commissioner based on Birmingham was of great assistance to us. Indeed, without his help, it would not have been possible to have traced all the contacts, for in many instances we had no addresses, just a number of names. It is this sort of emergency which is liable to occur unexpectedly at any time in a Public Health Department, which throws our long term plans for slum clearance, food hygiene and smoke abatement so completely out of gear.

SLUM CLEARANCE:

During the year the Council reviewed its slum clearance programme. The revised five-year plan now approved by the Minister provides for the demolition of unfit properties and the redevelopment of the several areas. This programme will entail the rehousing of some 2,700 families and is a considerable acceleration of the slum clearance drive. Compulsory Purchase Orders, comprising 252 houses, and Clearance Orders, comprising 4 houses, were confirmed by the Minister of Housing and Local Government during the year. It was encouraging to have all houses which had been represented as unfit confirmed as such following upon the Public Local Inquiry held in May. From this, I think we can conclude that our assessment of standards of unfitness coincides with that of the Minister.

FOOD HYGIENE:

Once again it was necessary to take a number of cases of unsound food and contraventions of the Food Hygiene (General) Regulations, 1960 into court. That the magistrates considered the bringing of these cases was amply justified is shown by the amount of fines imposed. Two outstanding cases prove the need for the constant supervision of food premises by Public Health Inspectors. In the one, fines amounting to £135 were imposed. The charges related to chickens, pork sausage and beef dripping unfit for human consumption and insanitary conditions of food premises.

The other case, also relating to unsound food, resulted in fines of £180. Full details of the several cases concerning unsound food appear in Table VII contained in the body of the report.

These cases, although time-consuming, e.g., one of our cases relating to mouldy pies did not end until 7.30 p.m., are, in my view, very necessary. In these days of high prices the housewife is entitled to fresh, wholesome food, prepared and sold under strict hygienic conditions. It is urged in some quarters that court action is quite unnecessary and that equally good results can be achieved by persuasion. This is a fallacious argument and an excuse for masterly inactivity. One might just as well argue that because there has been a 10% increase in prosecutions for motoring offences the police are a failure.

Before leaving the subject of food hygiene, I would like to draw attention to the case of a food handler convicted for smoking whilst handling open food. I would like to repeat the appeal which I made to housewives in my last report, viz., to report unhygienic practices and conditions in food premises to me. They very readily report instances of unsound food but, for some unknown reason, never complain of food-handlers smoking, depositing foodstuffs on the ground, or carrying meat whilst not wearing clean protective clothing. This is not snooping, but a major contribution to public health.

SLAUGHTERHOUSES:

During the year the slaughterhouse operated by a consortium of butchers was equipped with a modern slaughtering pen. This means that both slaughterhouses now fully comply with current legislation. It is anticipated that towards the end of 1963 new Meat Regulations will be in operation requiring all animals slaughtered for human consumption to be inspected and to bear the inspecting officer's official stamp. Nationally this will be a major step forward. So far as Smethwick is concerned, however, it will merely confirm what has been our standard practice ever since the derationing of meat in 1954. Due to the foresight of our local butchers in that year in banding together to provide a modern, well-equipped slaughterhouse, slaughtering is concentrated at a central point in the town and the energies of the inspectorial staff are not dissipated in travelling from place to place.

AIR POLLUTION MEASUREMENT:

The Director of the Warren Spring Laboratory has drawn attention to the danger of drawing conclusions from National Survey results too soon, as short-term climatic changes which occur from

one year to the next can mask the long-term trends. Whilst accepting this view, and without attempting to draw any conclusions, I thought it would be of interest to depict in graph form the results obtained from our three volumetric recording stations during the year. These graphs will be found at the end of the report and show sulphur dioxide and smoke measurements made in the borough.

SMOKE CONTROL AREAS:

In the main, house-owners are co-operating well in the development of the Smoke Control Area Programme. It was only necessary to serve 24 notices under Section 12(2) Clean Air Act, 1956, calling for the adaptation of fire-places in private dwellings. Similarly, it was only necessary to institute legal proceedings in 5 cases for emissions of smoke from chimneys of houses in Some Control Areas. Convictions were obtained in all cases.

Whilst there has been some concern nationally about supplies of solid smokeless fuel, no difficulties have been encountered so far in Smethwick. Indeed, there would seem to be an increasing trend towards the use of gas. In the early days the practice was to have a gas fire in the room used occasionally, with a solid smokeless fuel fire in the main living room. To-day, possibly due to so many wives going out to work, there is an increasing tendency to heat all rooms by gas. This is shown by a comparison between our No. 2 Smoke Control Area, which became operative in September, 1961, and our No. 5 Area, which becomes operative in September, 1963. In No. 2 Area the percentage of dwellings partially heated by gas is 10%, as against 11% in our No. 5 Area. The percentage of houses, however, with all gas heating has almost doubled, i.e., 1.3% in the No. 2 Area, to 2.4% in the No. 5 Area. Bearing in mind that the No. 5 Area is not yet in operation and that there are still some grates to be converted, it might well be that this percentage will be increased.

DEFAULT WORK:

The work carried out by the Corporation in the owners' default shows no signs of diminishing. 629 properties were so dealt with at a cost of almost £900. Although involving much work on the part of the staff, I am confident that it is very much worthwhile, resulting in the speedy execution of repairs, with consequent benefit to tenants.

CONCLUSION:

These, then, are the main features of environmental hygiene, which have occupied our attention during 1962. Statistical data appear later in the report.

It only remains for me to express my deep appreciation to the Chairman and Members of the Health Committee for their excellent support. As I have said in previous reports, it is only because of this support that it has been possible to achieve so much.

Finally, it would be quite wrong if I did not pay tribute to the work of the staff, for this report is really a record of their endeavours.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

W. L. KAY

Chief Public Health Inspector.

SANITARY INSPECTION OF THE AREA

SUMMARY OF INSPECTIONS

TABLE I

Ashes Accommodation, Inspections	...	...	...	1,753
Ashes Accommodation, Re-Visits	...	...	...	41
Bakehouses	...	...	...	5
Complaints—Inspection	...	...	...	1,976
Complaints—Re-Visits re Notices served	...	...	...	3,989
Diseases of Animals Act	...	...	...	25
Drains Tested	...	...	...	5
Factories: With Power	...	...	...	49
Without Power	...	...	...	6
Food Inspection	...	...	...	840
Hairdressers	...	...	...	16
Houses occupied by Coloured Persons	...	...	...	491
Housing Act Inspections	...	...	...	509
Housing Act Re-visits	...	...	...	2,038
Housing (Financial Provisions) Acts, 1958-1959	...	...	...	574
Infectious Disease	...	...	...	957
Interviews	...	...	...	322
Ice Cream Vendors	...	...	...	10
Insect Pests and Vermin	...	...	...	262
Markets	...	...	...	84
Meat and Other Food Premises	...	...	...	524
Overcrowding	...	...	...	108
Pet Animals Act	...	...	...	20
Pigsties and Stables	...	...	...	4
Prevention of Damage by Pests Act	...	...	...	48
Rag Flock Sampling	...	...	...	4
Rent Act Visits	...	...	...	30
Sampling: Water: Bacteriological	...	...	...	5
Chemical	...	...	...	3
Food: Bacteriological	...	...	...	241
Chemical	...	...	...	166
Fertilisers and Feeding Stuffs	...	...	...	9
Slaughterhouses	...	...	...	6
Smoke Abatement Visits	...	...	...	3,205
Smoke Observations	...	...	...	74
Tents, Vans and Sheds	...	...	...	35
Miscellaneous	...	...	...	557
				<hr/>
				18,991
				<hr/>

SUMMARY OF DEFECTS

TABLE II

	Found	Remedied
Accumulation of Refuse	8	4
Blocked Drains	421	308
Dampness	23	13
Dangerous Buildings	21	21
Defective Ashbins	1,570	1,285
Defective External Brickwork and Chimneys	134	116
Defective or Insufficient Drainage ...	5	8
Defective Floors	36	33
Defective Firegrates	14	14
Defective Paving	13	9
Defective Plaster of Walls and Ceilings...	158	122
Defective Roofs, Spouting, etc.	451	430
Defective Sinks and Wastepipes	8	17
Defective Stairs and Handrails	4	5
Defective Washboilers	1	—
Defective Water Fittings	36	43
Defective W.C.'s	155	140
Defective Woodwork of Doors, Windows, etc.	105	71
Insufficient Lighting and Ventilation ...	74	62
Insufficient Water Supply	2	2
Lack of Sinks	1	—
Overcrowding	11	6
Miscellaneous	25	23
Cleansing	5	8
	<hr/> 3,281 <hr/>	<hr/> 2,740 <hr/>

PREVENTION OF DAMAGE BY PESTS ACT, 1949

(a) PREMISES:

No. of premises investigated	532
No. of premises treated	368
No. of bodies found	162

(b) SEWER MAINTENANCE TREATMENT:

No of manholes baited	304
No. of manholes showing prebait take ...	172
No. of manholes showing complete prebait take ...	79

(c) TEST BAITING:

No. of manholes baited	30
No. of manholes showing take	5

DISINFECTIONS AND DISINFESTATIONS

(a) No. of premises treated	99
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INSPECTION AND SUPERVISION OF FOOD MILK SUPPLY

The number of samples submitted for bacteriological examination was 147. The results of the examinations are summarised as follows:—

TABLE III

Type of Milk	Samples	Tests Applied	Satis- factory	Unsatis- factory
Tuberculin Tested		Phosphatase ...	42	—
(Pasteurised) ...	42	Methylene Blue ...	40	—
Pasteurised ...	67	Phosphatase ...	67	—
		Methylene Blue ...	65	—
Sterilised ...	38	Turbidity ...	36	2

The Methylene Blue tests on 2 samples of Tuberculin Tested (Pasteurised) Milk and 2 samples of Pasteurised Milk were invalidated, as the atmospheric shade temperature exceeded 70°F. With regard to the 2 unsatisfactory samples of Sterilised Milk, representations were made to the firm concerned and to the Local Authority in whose area the premises are situated.

MEAT INSPECTION

TABLE IV

Carcases and Offal Inspected and Condemned in whole or part:

	Cattle exc. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed ...	926	19	185	8,260	4,064
Number Inspected ...	926	19	185	8,260	4,064
ALL DISEASES EXCEPT TUBERCULOSIS:					
Whole carcases condemned ...	—	—	2	—	1
Carcases of which some part or organ was condemned ...	74	11	—	173	504
Percentage of number inspected affected with disease other than tuberculosis ...	7.99	57.89	1.08	2.09	12.42
TUBERCULOSIS ONLY:					
Whole carcases condemned ...	—	—	—	—	—
Carcases of which some part or organ was condemned ...	1	—	—	—	52
Percentage of number inspected affected with tuberculosis ...	0.10	—	—	—	1.27
CYSTICERCOSIS:					
Carcases of which some part or organ was condemned ...	2	—	—	—	—
Carcases submitted to treatment by refrigeration ...	2	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

Conditions and diseases found during Meat Inspection and amounts condemned:—

TABLE V

						lbs.
Abscesses	...	...	...	...	...	248
Actinomycosis	...	...	...	...	...	84
Ascarides	...	...	...	...	...	429
Bruising	...	...	...	...	...	29
Cirrhosis	...	...	...	...	...	266
Congestion	...	...	...	...	...	9
Cysticercus Bovis	...	...	...	...	...	25
Echinococcus Veterinorum	...	...	...	...	...	199
Fascioliasis	...	...	...	...	...	413
Fatty Infiltration	...	...	...	...	...	8
Jaundice	...	...	...	...	...	40
Moribund	...	...	...	...	...	160
Oedema and Emaciation	...	...	...	...	...	25
Parasitic	...	...	...	...	...	501
Peritonitis, Pleurisy, etc.	...	...	...	...	...	297
Pneumonia	...	...	...	...	...	284
Tenuicollis Cysts	...	...	...	...	...	4
Tuberculosis	...	...	...	...	...	514
						<hr/> 3,535 <hr/>

UN SOUND FOOD SURRENDERED AND DESTROYED
(NOT INCLUDING ABOVE)

TABLE VI

			Tons	Cwts.	Qrs.	Lbs.	Ozs.
Cheese	...	...	—	—	2	8	12
Fish	(Tinned)	...	—	2	—	8	8
Fruit	(Tinned)	...	1	3	—	7	8
Meat	(Tinned)	...	—	13	3	16	10
Meat	(Fresh)	...	—	5	2	18	3
Milk	(Tinned)	...	—	4	1	14	13
Soup	(Tinned)	...	—	—	—	24	2
Vegetables	(Tinned)	...	—	7	—	8	6
Miscellaneous	...	...	2	1	2	13	2
			<hr/> 4	<hr/> 18	<hr/> 2	<hr/> 8	<hr/> — <hr/>

TABLE VII

FOOD AND DRUGS ACT, 1955

CONTRAVENTIONS

ACTION TAKEN

Depositing unsound food for sale: Legal Proceedings instituted, £25 fine.

Depositing unsound food for sale: Legal Proceedings instituted, £25 fine in each of three cases.
Total £75.

Contraventions of Food Hygiene Regulations:	Legal Proceedings instituted, £5 fine in each of two cases. Total £10.
Contraventions of Food Hygiene Regulations:	Legal Proceedings instituted, £5 fine in each of five cases. Total £25.
Depositing unsound food for sale:	Legal Proceedings instituted, £25 fine in each of seven cases. Total £175.
Contraventions of Food Hygiene Regulations:	Legal Proceedings instituted, £5 fine.
Sale of Food Containing Foreign Body:	Legal Proceedings instituted, £20 fine with £3 5s. 0d. costs.
Contraventions of Food Hygiene Regulations:	Legal Proceedings instituted, £5 fine.
Sale of unsound food and depositing unsound food for sale: ...	Legal Proceedings instituted, £15 fine in each case. Total £30 with 39 guineas costs.
Sale of unsound food:	Legal Proceedings instituted, £5 fine with 4/- costs.

TABLE VIII

SUMMARY OF ARTICLES OF FOOD AND DRUGS SUBMITTED TO THE PUBLIC ANALYST AND THE RESULTS OF THE ANALYSES

Articles Analysed	Total Samples	Genuine	Not Genuine
Red Cherries	1	1	—
Coffee and Chicory Essence ...	1	1	—
Cough Syrup	9	9	—
Mentholated Balsam	2	2	—
Non Brewed Condiments ...	1	1	—
Pork Sausage	8	8	—
Milk	15	15	—
Milk Drink	2	2	—
Voice, Throat and Chest Pastilles	1	1	—
Jelly	1	1	—
Butter	4	4	—
Raspberry Jam	2	2	—
Curry Powder	1	1	—
Dripping	2	2	—
Margarine	3	3	—
Cream	5	5	—
Stew	2	2	—
Peas	1	1	—
Crab Spread with Butter ...	2	2	—
Black Currant Jam	1	—	1
Milk of Magnesia	1	1	—

Articles Analysed				Total Samples	Genuine	Not Genuine
Catarrh Pastilles ... ..	...	...	...	1	1	—
Meditus Creosote ... ..	...	...	...	1	1	—
Malt Vinegar ... ..	...	...	...	5	5	—
Meat Paste ... ..	...	...	...	1	1	—
Gravy Salt ... ..	...	...	...	1	1	—
Fruit Juice ... ..	...	...	...	2	1	1
Popcorn ... ..	...	...	...	1	1	—
Cereals ... ..	...	...	...	2	2	—
Sauce ... ..	...	...	...	1	1	—
Pickles ... ..	...	...	...	4	4	—
Stewed Steak in Gravy ... ..	...	...	...	3	3	—
Beef Curry ... ..	...	...	...	2	2	—
Glycerine, Lemon and Honey ... ..	...	...	...	1	1	—
Casserole Meat ... ..	...	...	...	1	1	—
Betonin Tablets ... ..	...	...	...	1	1	—
Whiskey ... ..	...	...	...	3	3	—
Gin ... ..	...	...	...	3	3	—
Vito Gee ... ..	...	...	...	1	1	—
Brandy ... ..	...	...	...	1	1	—
Bubble Gum ... ..	...	...	...	1	1	—
Curry with Rice ... ..	...	...	...	1	1	—
Mint Jelly ... ..	...	...	...	2	2	—
Minced Beef with Onion Gravy ... ..	...	...	...	1	1	—
Fruit Drinks ... ..	...	...	...	5	5	—
Fish Fingers ... ..	...	...	...	1	—	1
Marmalade ... ..	...	...	...	1	1	—
Beer ... ..	...	...	...	4	4	—
Stout ... ..	...	...	...	1	1	—
Fudge ... ..	...	...	...	1	1	—
Peas ... ..	...	...	...	1	1	—
Chocolate ... ..	...	...	...	1	1	—
Fish Dressing ... ..	...	...	...	1	1	—
Cornd Beef ... ..	...	...	...	1	1	—
Evaporated Milk ... ..	...	...	...	1	1	—
Pork Roll ... ..	...	...	...	1	1	—
Tomato Juice ... ..	...	...	...	1	1	—
Apricot Puree ... ..	...	...	...	1	1	—
Apple Flakes ... ..	...	...	...	1	1	—
Fish Cakes ... ..	...	...	...	1	1	—
Cooking Fat ... ..	...	...	...	1	1	—
Dressed Crab ... ..	...	...	...	1	1	—
Stewed Steak and Kidney ... ..	...	...	...	1	1	—
Beans with Pork Sausage... ..	...	...	...	1	1	—
Bread ... ..	...	...	...	2	—	2
Cinam and Quinine ... ..	...	...	...	1	1	—
Flu Mixture ... ..	...	...	...	1	1	—
Ice Cream ... ..	...	...	...	6	6	—
Sunny Spread ... ..	...	...	...	1	1	—
Vegetable Juices ... ..	...	...	...	1	1	—
Blackberries in Syrup ... ..	...	...	...	1	1	—

Articles Analysed				Total Samples	Genuine	Not Genuine
Raspberry Vinegar	...	...	...	1	1	—
Steak and Kidney Pie	...	...	...	2	2	—
Chow Mein	...	...	...	1	1	—
Flour	...	...	...	1	1	—
Beetroot	...	...	...	2	2	—
Chopped Ham with Pork	...	...	...	1	1	—
Vegetable Oil	...	...	...	1	1	—
Beef with Vegetable	...	...	...	1	—	1
Nirolax	...	...	...	1	1	—
Paxadin	...	...	...	1	1	—
Buttered Macaroons	...	...	...	1	1	—
Pork Luncheon Meat	...	...	...	1	1	—
Mixed Read-Grill	...	...	...	1	1	—
Creamed Horseradish	...	...	...	1	1	—
Eccles Cakes	...	...	...	1	1	—
Tomato Puree	...	...	...	1	1	—
Christmas Pudding	...	...	...	1	1	—
Bronchial Mixture	...	...	...	1	1	—
Fever Mixture	...	...	...	1	1	—
Glucosip	...	...	...	1	1	—
Cold Cure Pills	...	...	...	1	1	—
Almond Marzipan	...	...	...	1	1	—
Pork Pie	...	...	...	1	1	—
Christmas Pudding	...	...	...	1	1	—
Mince Meat	...	...	...	1	1	—
Beef Sausage	...	...	...	1	1	—
Ham and Chicken Roll	...	...	...	1	1	—
Oxtail Soup	...	...	...	1	1	—
				<hr/> 175	<hr/> 169	<hr/> 6

In respect of the unsatisfactory sample of Black Currant Jam, legal proceedings were instituted and a fine of £10 with £3 5s. 0d. costs was imposed. With regard to the Fish Fingers, legal proceedings were instituted and a fine of £20 with £3 15s. 0d. costs was imposed.

In the other four cases, Warning Letters were sent.

TABLE IX

RENT ACT, 1957:

RENT RESTRICTION REGULATIONS, 1957:

- (1) No of applications received for certificate of
disrepair 8
- (2) No. of Form J's served (Notice by local
authority to landlord of proposal to issue a
certificate of disrepair 8
- (3) No. of Form K's received (Undertaking by
landlord to remedy defects proposed to be in-
cluded in certificate of disrepair) 1

(4) No. of Form L's issued (Certificates of Disrepair)	...	...	...	...	5
(5) No. of Form L's cancelled	...	...	...	...	6
(6) No. of Form P's issued (Certificates as to remedying of defects):					
(a) To Landlord	...	...	...	...	3
(b) To tenant	...	...	...	...	1

WATER SUPPLY

The Town's water is supplied by the South Staffordshire Waterworks Company and has been satisfactorily maintained both in quality and quantity. I give below the result of an analysis of a representative sample of the water taken during the year:—

Water taken from kitchen tap at 1, Galton House, Pargeter Road, Smethwick.

Appearance:	...	...	Bright, few small particles.
Ammoniacal Nitrogen:	...	...	0
Albuminoid Nitrogen:	...	...	0.013
Chlorine in Chlorides:	...	...	19.0
Nitrate Nitrogen:	...	...	4.4
Oxygen absorbed from permanganate at 27°C. in 4 hours)			0.3
Total Solids dried at 100°C.:	...		280
Nitrite Nitrogen:	...	...	Absent
pH:	...	...	7.0
Free Chlorine:	...	...	Absent
Radioactivity:	...	...	—
Electrical Conductivity @ 20°C.:	...		392 micromhos

The above results show that this water is of good quality and, subject to a satisfactory bacteriological analysis, suitable for use for drinking purposes.

Signed Bostock Hill & Rigby, Public Analysts.

Senders Ref. No.	Lab. Ref. No.	Source	Probable number per 100 ml.		Total Count per ml. at 37°C.
			Coliform bacilli	Bact. coli (type 1)	
4/62	G.7896	Kitchen tap @ 1, Galton House, Pargeter Road.	Nil	Nil	1

In addition the Company regularly make bacteriological and chemical analyses of the water both prior to treatment and going into supply.

All houses in the Borough i.e., an estimated total of 22,193 with an estimated population of 68,372 are supplied with water from public water mains.

SEWERAGE

The whole of the Borough is sewered, with the more modern areas served by the separate system and the older parts of the town on the combined system. The Council is undertaking extensive redevelopment in the older areas and during such redevelopment the opportunity is being taken of converting the combined system to separate systems. In addition, the Council is undertaking extensive works in the centre of the town to obviate flooding during times of storm.

There are no sewage disposal works within the Borough, all treatment being carried out by the Birmingham Tame and Rea Drainage Board and the neighbouring authorities of West Bromwich and Oldbury.

COMMON LODGING HOUSES

There are no registered common lodging houses in the town.

CLEAN AIR ACT, 1956—SECTION 11

During the year legal proceedings were instituted in 5 cases under Section 11 of the Clean Air Act, 1956, for emitting smoke from the chimney of a dwelling house in a Smoke Control Area, the smoke resulting from the burning of an unauthorised fuel, i.e., coal. Each case was dealt with by way of an absolute discharge and payment of costs.

CLEAN AIR ACT, 1956—SECTION 3—SUB-SECTION 3

Two notifications of intention to install new furnaces were dealt with during the year. Both proposals were carefully checked to ensure that the furnaces should be, as far as practicable, smokeless.

LAND CHARGES ACT, 1925

During the year, 1,018 Searches under the Act, were dealt with.

TABLE X

HOUSES IN MULTIPLE OCCUPATION

Estimated number of houses	400
Number of visits during the year (six months only)	491
Number of Notices served:	
Section 90, Housing Act, 1957	75
Section 12, Housing Act, 1961 (Notice of Intention to make a Management Order)	11
Management Orders	5
Section 14, Housing Act, 1961 (Notices requiring works to make good neglect of proper standards of Management)	5
Section 15, Housing Act, 1961	111
Section 16, Housing Act, 1961	118
Section 19, Housing Act, 1961	
(Notice of Intention to make Directions)	35
Directions given	27
Cases of Overcrowding abated after service of Notices:	17
Cases of Overcrowding abated after Court Action:	5

FACTORIES ACTS, 1961 — PART 1.

1. INSPECTIONS OF FACTORIES INCLUDING INSPECTIONS MADE BY PUBLIC HEALTH INSPECTOR.

PREMISES	Number on Register	Number of			Occupiers Prosecuted
		Inspections	Written Notices		
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	9	6	—		—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	268	49	—		—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ...	—	—	—		—
TOTAL	277	55	—		—

2. CASES IN WHICH DEFECTS WERE FOUND

PARTICULARS	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
				By H.M. Inspector	
	Found	Remedied	To H.M. Inspector		
Want of Cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7):					
(a) insufficient	1	1	—	1	—
(b) unsuitable or defective	11	12	—	5	—
(c) not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	—	—	—	—	—
TOTAL	12	13	—	6	—

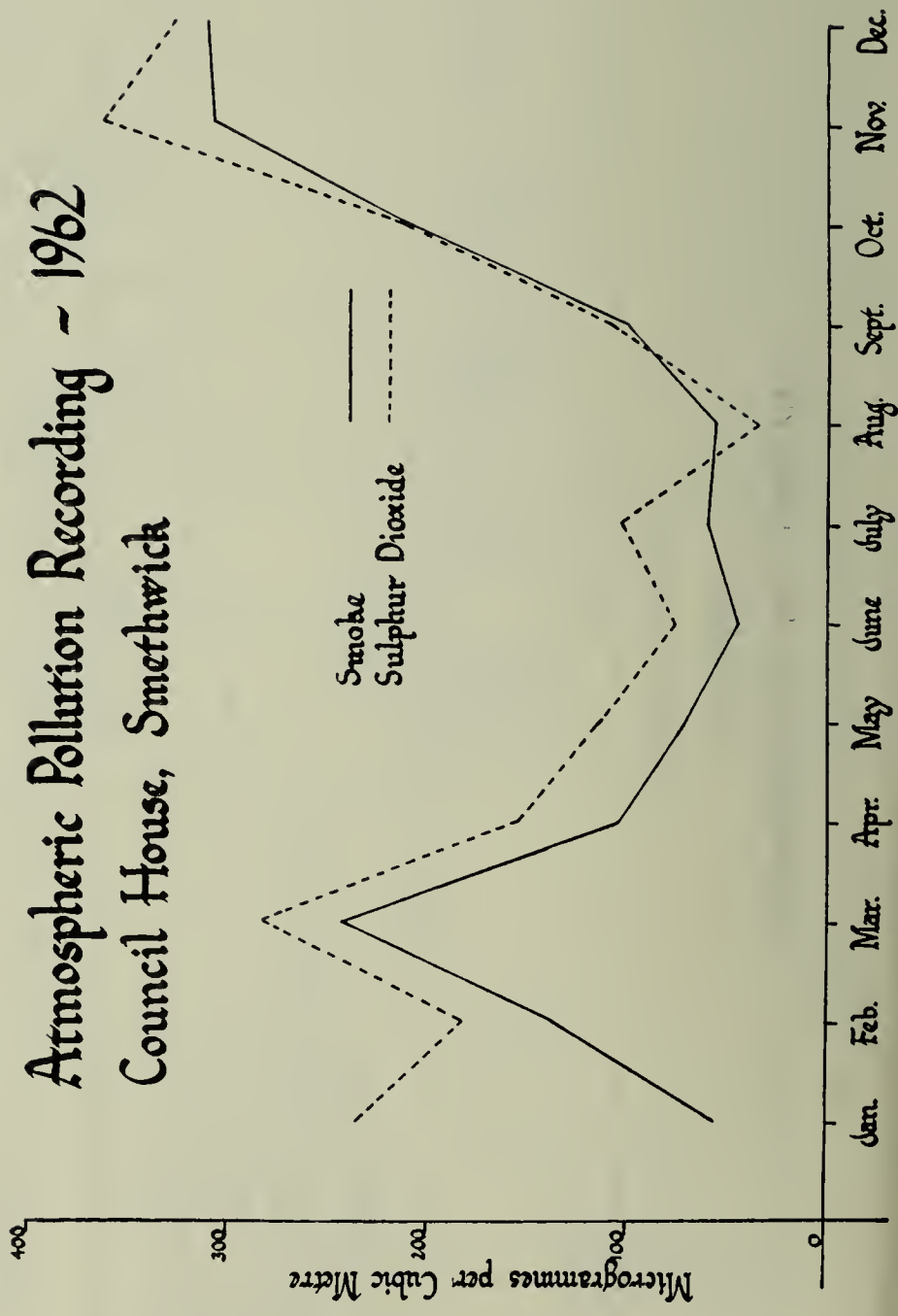
FACTORIES ACTS, 1961 — PART VIII.

OUTWORK

Sections 133 and 134

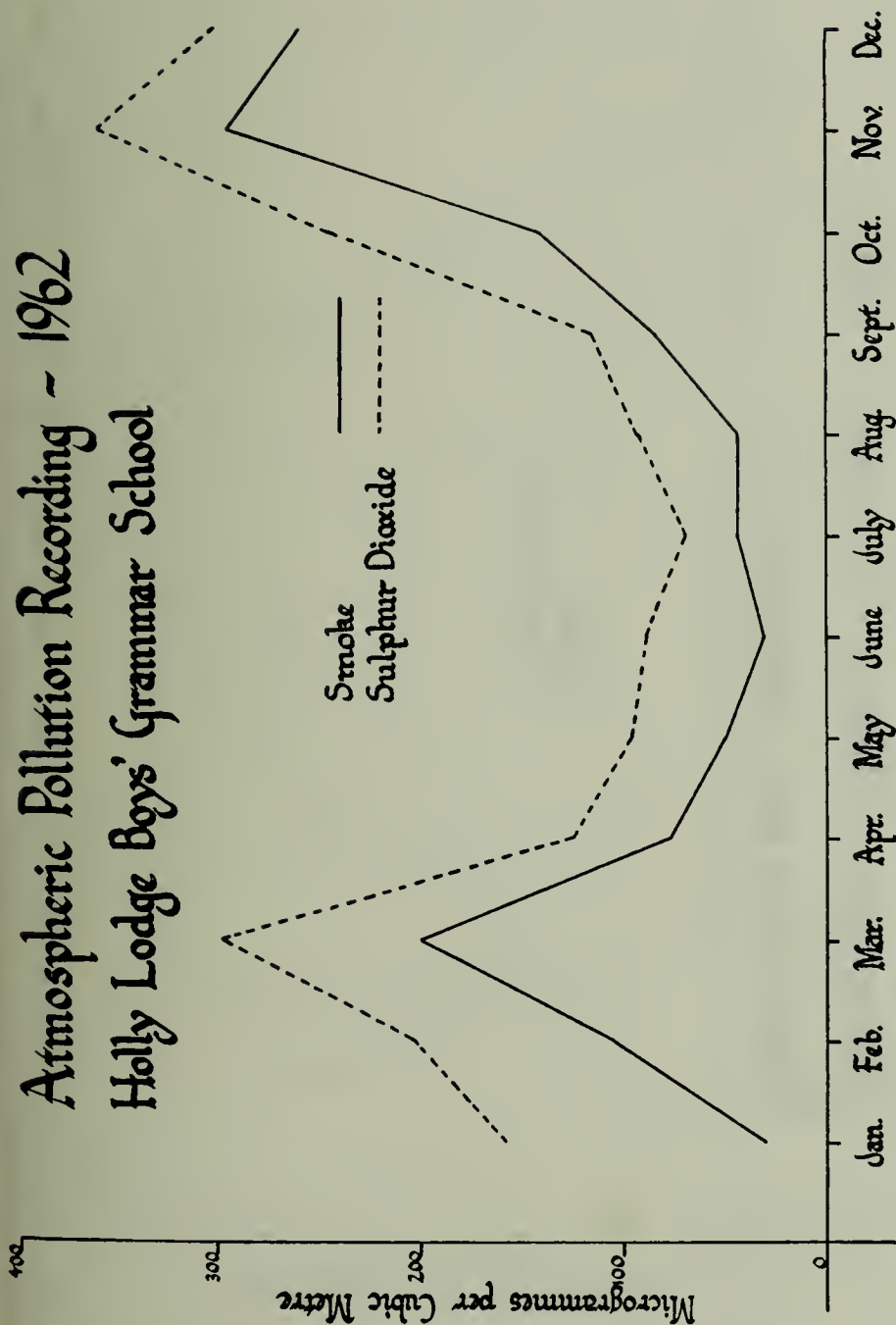
NATURE OF WORK	SECTION 133			SECTION 134		
	No. of out-workers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices Served	Prosecutions
WEARING APPAREL:						
Making, etc., Cleaning and Washing	6	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	2	—	—	—	—	—
Carding, etc., of buttons, etc.	198	—	—	—	—	—
TOTAL	206	—	—	—	—	—

Atmospheric Pollution Recording - 1962 Council House, Smethwick

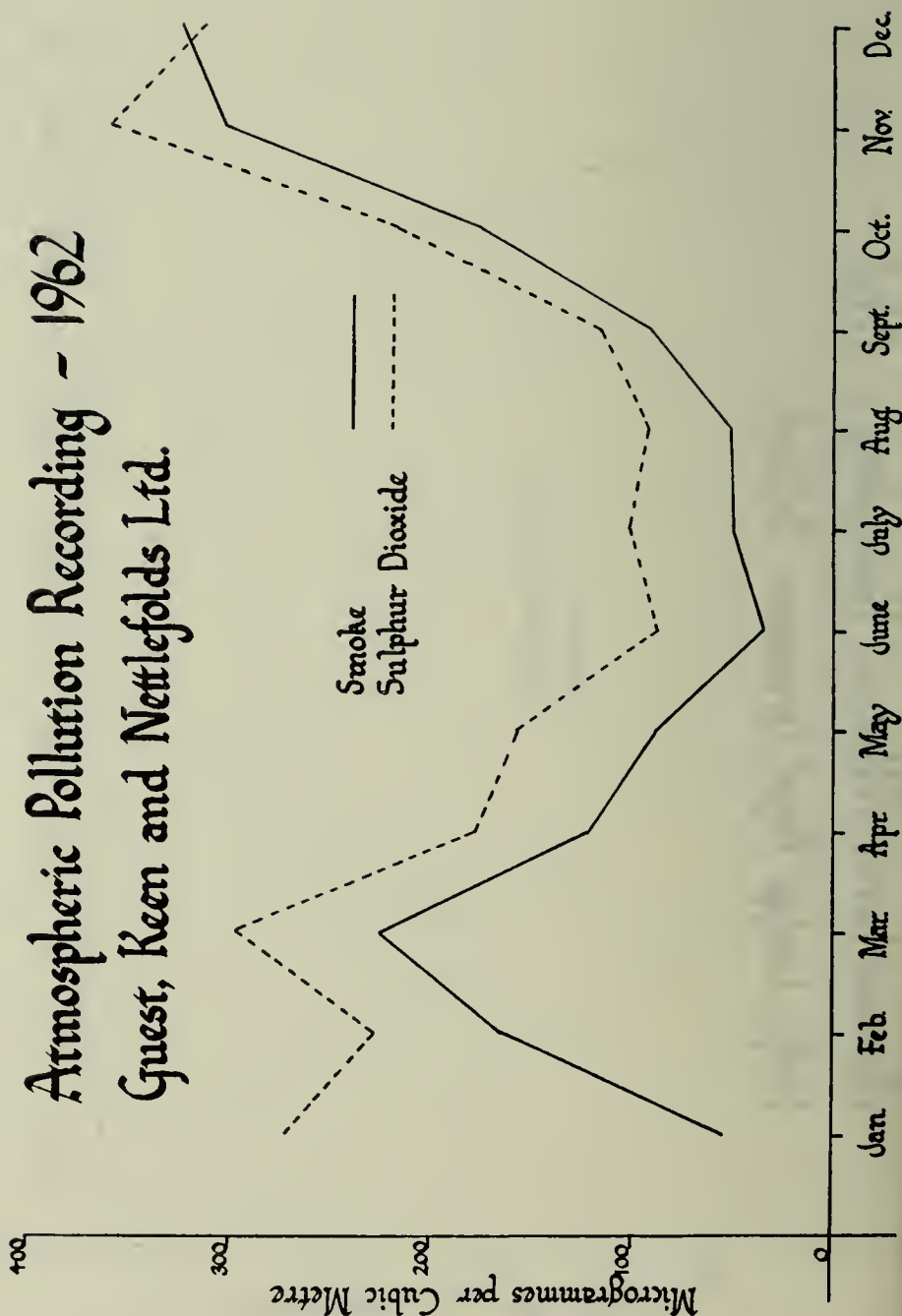


Atmospheric Pollution Recording - 1962

Holly Lodge Boys' Grammar School



Atmospheric Pollution Recording - 1962 Guest, Keen and Nettlefolds Ltd.



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